

BIOMEDICAL  
LIBRARY  
UBC

# Canadian Hospital

*Journal of The*

*Association*

UNIVERSITY OF B.C.  
LIBRARY SERIALS DIV.  
VANCOUVER B.C.  
12-60 CHI 9

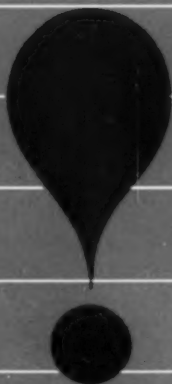


April, 1960



CIRCULATION

*it's*  
**9 to 1**  
**Canadian has**  
**an automatic**  
**Folder to**  
**suit your**  
**specific needs**



**9** *different type Trumatics!*

Never before such a wide selection! Never before such unusual flexibility! Imagine one, two, three, even four and five folding lanes — working independently, in various combinations, or all together as a single full-width lane. Every type and size flat work piece can be folded automatically at highest ironing speeds.

There's a high-speed, labor-saving Trumatic Folder for *your* specific need. Call your nearby Canadian representative, or write for illustrated catalog.

SEND FOR  
**FREE**  
 CATALOG

- 1** *Type 1-L.* A single-lane Folder for large pieces.
- 2** *Type 2EF-LM.* A two-lane or single-lane Folder for large and small pieces.
- 3** *Type 2EF-LS.* Control *automatically* changes Folder back and forth for two-lane or single-lane operation as large and small pieces pass through.
- 4** *Type 2EF-FS.* A two-lane or single-lane Folder, with "pick-up" conveyor for pieces too small to be folded mechanically.
- 5** *Type 3EF-BA.* Automatically folds bib aprons and other medium-size pieces in three 40"-wide lanes, or large pieces in a single 120"-wide lane.
- 6** *Type 4EF.* Four 30"-wide lanes, two 60"-wide lanes, or one 120"-wide lane, manually selected as you need them.
- 7** *Type 4UF-BA.* Manual control sets Folder for four lanes (two 40" and two 20" wide), three lanes (each 40" wide), two lanes (each 60" wide) or one lane (120" wide).
- 8** *Type 5EF.* Unusual flexibility with simple control for five-lane (each 24" wide), three-lane (two 48" and one 24" wide), two-lane (one 72" and one 48" wide), or one-lane (120" wide) folding.
- 9** *Type 5EF-BA.* The same five, three, two, and one-lane flexibility as the Type 5EF, plus special features for folding bib aprons part time.

**Canadian**

The Canadian Laundry Machinery Company, Ltd., 47-93 Sterling Road  
 Toronto 3, Ontario, Western Representative—Stanley Brock Limited,  
 Winnipeg, Calgary, Edmonton, Vancouver



ve  
ne  
n  
ou  
gl  
at  
a

ti

es.

ne

es  
ne

ne  
no

ms  
le

le  
as

or  
ve  
e)

n  
ro  
ac

d  
d





*for measuring radioactivity of fluid samples...*

*Urine and/or saliva in Iodine-131 uptake studies  
Blood in P.B.I. analyses  
Blood and plasma in volume determinations  
Pernicious anemia diagnosis  
Red cell volume and survival time studies*

## PICKER Well-Type SCINTILLATION DETECTOR

will measure sample volumes up to 15cc...  
*three times more than the 5cc capacity  
of conventional Well-Type Counters*  
In consequence, patient-dosage required  
for a test can be reduced by half.

*other advantages...*

the isocontour shielding which significantly reduces  
unwanted background count (only 250 cpm)  
the fingerlift counterbalanced cover which makes  
loading so easy  
the removable splash guards which preclude well  
contamination and spare futile cleaning



vial in counting position inside  
detector: the counterbalanced cover  
stays open while loading



beakers or bottles up to 4 1/2" diam-  
eter can be set directly upon crystal



**standing behind every Picker Instrument,**

wherever installed, is a local member  
of the Picker X-Ray national  
sales and service network. He's there  
to protect your investment.  
Because of him the user of a Picker  
instrument is never left stranded.

There's probably a Picker District office  
near you (see local 'phone book) or write

PICKER X-RAY ENGINEERING LTD.  
1074 Laurier Ave., West  
Montreal, P.Q.



TRAVAD is the first disposable enema that takes the patient into consideration, by adding convenience to effectiveness . . . 18" of flexible tubing permits either self-administration by the patient in the sitting position or conventional administration in the left lateral or knee-chest position . . . is so gentle that the patient is practically unaware of the introduction of fluid . . . cleans more thoroughly and consistently than two, one-quart tap water enemas . . . can be administered, retained and evacuated in less than 10 minutes\*



the more pleasant, practical way to give an enema . . . nothing to assemble or clean up . . . pre-lubricated rectal tip . . . metal flow valve prevents spillage of fluid until time of administration

saves time . . . releases personnel for other duties . . . reduces work load . . . costs no more than less convenient units . . . saves storage space

Each 100 ml. contains: Sodium Dihydrogen Phosphate, 12 Gm. and Sodium Citrate, 10 Gm.

\*Weinstein, J. J.: Bowel Preparation for Anosigmoidoscopy with a Hydrogogue Enema. To be published.

A product of Travenol Laboratories, Inc.,





The Canadian Hospital Association is the federation of hospital associations in Canada and the Canadian Medical Association in co-operation with the federal and provincial governments and voluntary non-profit organizations in the health field.



# Canadian Hospital

THE JOURNAL OF THE CANADIAN HOSPITAL ASSOCIATION

## Officers

*Honorary President:* Honourable J. Walter Monteith, Ottawa, Ont.; *Honorary Vice-President:* D. F. W. Porter, M.D., Fredericton, N.B.; *President:* Stanley W. Martin, Toronto, Ont.; *First Vice-President:* Judge Nelles V. Buchanan, Edmonton, Alta.; *Second Vice-President:* Harvey E. Taylor, Port Alberni, B.C.; *Treasurer:* John E. Sharpe, M.D. Toronto, Ont.

## Directors

C. E. Barton, Regina, Sask.; Paul Bourgeois, M.D., Montreal, Que.; J. E. Robinson, Winnipeg, Man.; Sr. Catherine Gerard, Halifax, N.S.; Rev. J. B. Nearing, Sydney, N.S.; Rev. Father Bertrand, Montreal, Que.; C. N. Weber, Kitchener, Ont.; A. H. Westbury, Montreal, Que.

*Editorial Board:* Stanley W. Martin, Toronto, Ont.; D. F. W. Porter, M.D., Fredericton, N.B.; Judge Nelles V. Buchanan, Edmonton, Alta.

## Active Membership

British Columbia Hospitals' Association; Catholic Hospital Conference of British Columbia; Associated Hospitals of Alberta; Catholic Hospital Conference of Alberta; Saskatchewan Hospital Association; Catholic Hospital Conference of Saskatchewan; Associated Hospitals of Manitoba; Catholic Hospital Conference of Manitoba; Ontario Hospital Association; Ontario Conference of the Catholic Hospital Association; Quebec Hospital Association; Comité des Hôpitaux du Québec; Conférence de Québec de l'Association des Hôpitaux Catholiques; Conférence de Montréal de l'Association des Hôpitaux Catholiques; Maritime Hospital Association; Maritime Conference of the Catholic Hospital Association; Canadian Medical Association.

## Executive Staff

*Executive Director and Editor:* W. Douglas Piercey, M.D.; *Assistant Directors:* Lawrence L. Wilson and George McCracken; *Assistant Editor:* Jessie Fraser, M.A.; *Office Manager:* Mrs. Eileen Scott; *Librarian:* Mrs. Maude Everitt.

*Editorial and Secretarial Offices:*  
25 Imperial St., Toronto 7, Ont.  
Tel.: HU. 1-2244

## Contents

April, 1960, Volume 37, No. 4

Notes About People .....	12
A.C.H.A. Activities .....	26
Obiter Dicta .....	31
Program for the Aging .....	33
<i>L. A. Quaglia</i>	
Answers to an Aging Population .....	40
<i>H. G. Hughes</i>	
Alternatives to Hospital Care .....	42
<i>L. Earl Ludlow</i>	
Bruce County Home for the Aged .....	44
<i>A. W. Cluff</i>	
Rapport du président de l'Association des Hôpitaux du Québec .....	47
<i>Paul Bourgeois, M.D.</i>	
Quebec Hospital Association Meeting .....	48
<i>Jessie Fraser</i>	
Our Changing Food Industry .....	54
<i>A. L. Shewfelt</i>	
Medical Records in the Smaller Hospital .....	56
<i>Mrs. H. Werner</i>	
Book Reviews .....	60
With the Auxiliaries .....	62
Notes on Federal Grants .....	64
Provincial Notes .....	66
Coming Conventions .....	70
Twenty Years Ago .....	88
Classified Advertising .....	108
Across the Desk .....	110
Index of Advertisers .....	118

Cover picture—Bruce County Home for the Aged,  
Walkerton, Ontario.

(For Subscription Rates See Page 86)

*Business Manager:* Charles A. Edwards  
*Advertising Manager:* Thomas L. Wells  
*Advertising Offices:* 25 Imperial Street  
Toronto 7, Ontario



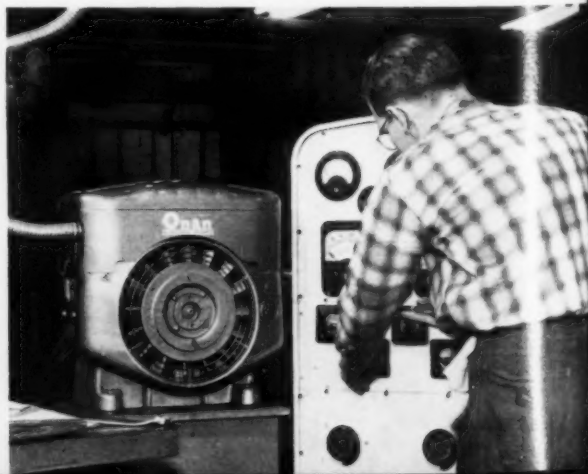
Authorized as Second Class Mail, Post Office Depart., Ottawa.

# Onan Electric Plants are Pe when this independent



**Big, beefy bearings for longer life.** (Lower left) double-size Onan bearings vs. small bearings (right) used in many other makes. Larger bearing surface reduces wear, stretches time between overhauls. Another example of how Onan builds up to performance — never down-to-a-price.

**The engine that ran the equivalent of 487,888 automobile miles.** Here's endurance no auto could begin to match. Onan engine #1068 was operated for 12,197 hours. It was stop-started 100 times. At test's end #1068 and generator were delivering the output promised by the nameplate.



The  
inde  
he b  
eyes  
tell  
He  
surp  
pull  
thro  
engi  
He  
plan

ON

AI  
BR  
M  
N

W.

# Performance Certified only tester says O.K.

*His job is to provide a double-check on Onan's  
own tests and testing methods*

The man at the left is an expert from an independent testing laboratory. On the job, he believes nothing except what his trained eyes, ears and scientific testing instruments tell him.

He, and others like him, pay frequent surprise visits to Onan factories. He can pull any Onan Plant off the test line. Put it through its paces. Recheck the checks Onan engineers and inspectors have already made. He has authority to pull a whole series of plants if he finds one fault. He does all this

even though every Onan Plant is tested for hours by Onan personnel *before it is shipped.*

Onan takes these special precautions to make *doubly* sure that you get all you pay for, and more, when you own a Performance Certified Onan.

For more details—and an analysis of your primary and stand-by power needs—see the Onan distributor nearest you. His name and address are listed at the bottom of this page. Or write direct to address below if no distributor is near you.

**ONLY ONAN GIVES YOU THIS GUARANTEE**



**CONTACT YOUR ONAN DISTRIBUTOR**

**ALBERTA:** Simson-Maxwell Alberta, Ltd., Edmonton

**BRITISH COLUMBIA:** Simson-Maxwell, Ltd., Prince George and Vancouver

**MANITOBA:** Brooks Equipment Ltd., Winnipeg

**NEWFOUNDLAND:** Harvey & Company, Ltd., Bishop's Falls, Corner Brook, Grand Falls, St. John's

**NOVA SCOTIA:** Wm. Stairs, Son & Morrow Ltd., Halifax, Sydney

**ONTARIO:** McKeown Equipment, Ltd., Sault Ste. Marie; J. A. Faguy & Sons, Ltd., Ottawa, Super Motor & Electric, Ltd., Toronto

**PROVINCE OF QUEBEC:** J. A. Faguy & Sons, Ltd., Montreal

**SASKATCHEWAN:** Brooks Equipment, Ltd., Regina

**NEW BRUNSWICK:** Rosser Sales & Equipment, Fredericton

**EASTERN FACTORY REPRESENTATIVE:** John B. Janusz, 427 Montmorency Street, Laval de Rapides, Montreal 8, Quebec

If no distributor is near you, write for literature

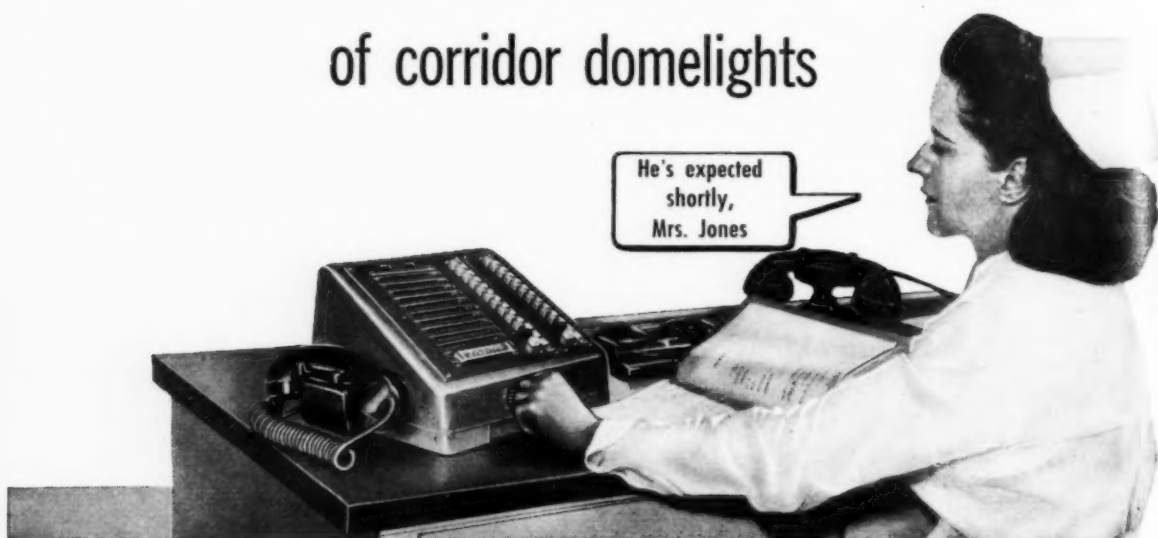
**D. W. ONAN & SONS INC., 2746 UNIVERSITY AVE. S. E., MINNEAPOLIS 14, MINN., U. S. A.**



# Add **AUDIO** easily

to your present

## **VISUAL** nurse call system of corridor domelights



### **Executone's DEPENDABLE Audio-Visual Nurse Call System Cuts Foot Travel in Half!**

Easily and quickly added to your present visual domelight system, Executone frequently uses *existing* conduits or raceways—providing you with a *modern* Audio-Visual Nurse Call System! All accomplished with no interruption of service during installation!

Many hospitals—old and new—are discovering the economy and efficiency of Executone's Audio-Visual system. More patients are handled with *less effort, in less time!* One hospital reports that Executone has reduced operating costs 8% per bed. *It is an invaluable aid in relieving the nurse shortage.*

By pressing a bedside button, the patient activates signals at three locations—chime and light on nurse's control station, corridor domelight, buzzer and light on duty stations. The nurse presses key to reply . . . Executone's Call System may be installed complete, added to existing domelight systems, or installed without domelights.

#### Just off the press!

#### **"Better Patient Care"**

How Executone communications help hospitals improve patient care and make maximum use of nursing time and skills. Includes a summary of time and motion studies of Executone Audio-Visual Nurse Call Systems made by the Surgeon Generals' offices of the Army and Air Force. Also described and illustrated are Doctors' Paging Systems, Bedside Radio-Sound Systems, Departmental Administrative Systems. Send in the coupon below for your complimentary copy.



# **Executone**



**HOSPITAL COMMUNICATION SYSTEMS**

EXECUTONE, LTD., Dept. L-5, 331 Bartlett Ave., Toronto  
Without obligation, please send me a complimentary copy of  
"Better Patient Care."

Name ..... Title .....

Hospital .....

Address .....

City ..... Prov. ....





greater  
activity



enhanced  
G.I. toleration



sustained  
peak action



extra-day protection  
against relapse

NOW...THE EXTRA BENEFITS  
OF BROAD-SPECTRUM

# DECLOMYCIN

Demethylchlortetracycline Lederle

IN THE NEW, CHERRY-FLAVORED

## SYRUP

75 mg./5 cc. tsp., in 2 fl. oz. bottle—3-6  
mg. per lb. daily in four divided doses

© Reg. Trademark in Canada.



CYANAMID OF CANADA LIMITED *Montreal*

APRIL, 1960

# NEW A.C.M.I. STERILE PACKAGED

## INFLATABLE CATHETERS



- Save nurses' time
- Eliminate auto-claving expense
- Reduce patient-care costs



**Double  
protection**  
...double safety...  
ready for instant use

The new A.C.M.I. Sterile Packaged Premium Catheter is double-protected by double packaging, for assured sterility. Even should the durable outer non-peelable package be torn or cut by unduly rough handling, the resilient inner peelable package still protects the sterile catheter from contamination.

Sterilization is achieved under rigidly controlled conditions; and is checked by thorough bacteriological testing before each lot is released. These catheters meet U.S.P. sterility standards and government specifications.

FREDERICK J. WALLACE, President

*American Cystoscope Makers, Inc.*

PELHAM MANOR, NEW YORK



Distributed in Canada exclusively by  
**INGRAM & BELL**  
LIMITED  
TORONTO

MONTREAL • WINNIPEG • CALGARY • VANCOUVER

HOSELESS

SELESS  
BEDPAN RINSER...



- ✓ High installation costs
- ✓ 2 or 4 adjustment valves
- ✓ Extra vacuum breaker
- ✓ Rubber hose and nozzle
- ✓ Extra piping
- ✓ Resting lugs in bowl

The polished chrome finish is as handsome as the fixture is efficient. The Diverter Valve becomes an attractive integral part of the toilet assembly, eliminating bothersome fixtures.

• *Easy—Economical to Install*

# AMERICAN STERILIZER

COMPANY OF CANADA, LIMITED  
BRAMPTON - ONTARIO

## Notes About People

### New Post for Dr. S. Gilder

Dr. Stanley S. B. Gilder, who has been the editor of the *Canadian Medical Association Journal* for the past six years, has taken a new position with a pharmaceutical firm. He will work from an office in London, England.

During Dr. Gilder's sojourn with the C.M.A., the association expanded its journal from a monthly publication to a weekly, containing more current news than was formerly possible. Publication of the *Canadian Journal of Surgery* was also undertaken during this period.



Dr. S. S. B. Gilder

As editor of C.M.A. publications, Dr. Gilder reflected the viewpoint of Canadian medicine in all his writing, stamped with his own fine literary style.

Early in the year, the journal and secretarial staff of the C.M.A. gathered at the York Club, Toronto, for a farewell dinner party in honour of Dr. and Mrs. Gilder.

Dr. Donald C. Graham, F.R.C.P. (C.), of Toronto, will assume the duties of editor of the journal on July 1, 1960.

### Appointment in Manitoba

Dr. Carl Wood has been named Director of Standards under the Manitoba Hospital Services Plan. Dr. Wood will direct the activities of the hospital consulting and inspection services of the plan. These activities include nursing, pharmacy, dietary, medical records, hospital administration and accounting.

Dr. Wood, who is a graduate in science and medicine from the University of Manitoba, served in the Canadian army from 1935 to 1957, retiring with the rank of colonel.

### At Lacombe Home

The diamond and golden jubilees of two Sisters were recently celebrated at Lacombe Home, Lacombe, Alta. Sister Gervais, who is now stationed at the Home, marked the sixtieth anniversary of her religious life. She began her religious career among the Kootenay Indians and since that time has rendered much valuable service to the community.

Sister Denis d'Alexandrie, after 50 years of religious life, is still very active at Providence Creche in Calgary. For many years at the Wabasca Nursing Station in Wabasca, she served the Indians of that region.

### At the Jewish General

Mrs. Ena Denbow Shlevin of Montreal has been appointed assistant to the bacteriologist at the Jewish General Hospital, Montreal, Que. Mrs. Shlevin received her B.A. at McGill University in 1940; two years later she received a B.Sc. In 1946 she was granted an M.A. in microbiology from Radcliff College. Later she took further graduate studies at Boston University.

Mrs. Shlevin did volunteer virus research work at Rhode Island Hospital from 1953 to 1955. Until last year she was occupied in a staff research project at Massachusetts Memorial Hospital. In her new position she works with bacteriologist Dr. H. Lubinski.

### U. of T. Appointment

Dr. K. J. R. Wightman has been appointed head of the department of medicine at the University of Toronto. He succeeds Dr. Ray Farquharson who is retiring June 30. Dr. Wightman will also succeed Dr. Farquharson as the Sir John and Lady Eaton professor of medicine at the university and as physician-in-chief at the Toronto General Hospital.

Born in Windsor, Dr. Wightman graduated from the University of Toronto's school of medicine in 1937. He took postgraduate training

at the Toronto General Hospital and in Cambridge, England. He served with the Canadian army during World War II, joining the university's faculty of medicine in 1947. He was appointed professor in 1958.

### At the Saint John General Hospital

A department of urology has been formed at the Saint John General Hospital, Saint John, N.B. Dr. J. K. Sullivan has been made chief of service. The department of general practitioners, with Dr. S. D. Clark as chief of service, has established an out-patient clinic staffed by 18 general practitioners to care for indigent patients who are emergency cases and who do not have their own doctor.

### New Medical Director

Dr. Theodore Korthals has been appointed medical director of Grace Dart Hospital, Montreal, Que. Dr. Korthals, who studied medicine at Leiden University, Holland, has been with the hospital for the past four years in the position of assistant medical director.

### Dalhousie Professor Appointed

Dr. Leon Cudkowicz has been made associate professor of physiology and associate professor of medicine (research) at the faculty of medicine, Dalhousie University, Halifax, N.S. He will also assume the directorship of the cardio-pulmonary unit.

Dr. Cudkowicz obtained his M.B., B.S. in 1946, the honorary degree of doctor of medicine in 1951, and his M.R.C.P. in 1954, all from the University of London. From 1946-56 he took hospital training in internal medicine and spent the following two years doing research work in medicine at Yale and Harvard universities.

Before coming to Dalhousie, Dr. Cudkowicz was registrar in the cardiac department of St. Thomas' Hospital, London, England.

### Nursing Appointment

Kathleen Elizabeth Arpin has been appointed assistant director of nursing education of the School of Nursing, Toronto General Hospital. She replaces Helen (McLaren) Rafuse, recently married. Miss Arpin is a graduate of St. Joseph's Hospital, London and holds her Bachelor of Science degree in nursing education from the University of Western Ontario. Preceding her present appointment she was employed as a nursing education supervisor at the Toronto General.





reverse cutting

ATRALOC<sup>®</sup> NEEDLE SUTURES

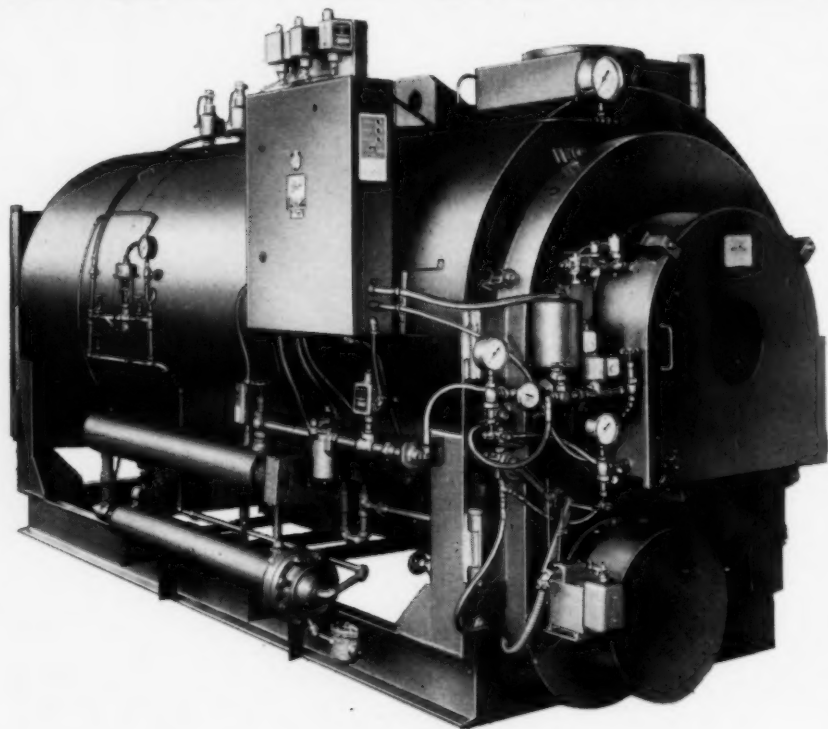
20% more needle strength

ETHICON<sup>®</sup>

ETHICON DIVISION OF *Johnson-Johnson* LIMITED, MONTREAL

<sup>®</sup>Trade Mark Reg'd.

# **Insist on** **NAPANEE**



**and** *relax*

Automatically, your Napanee package boiler relieves you of all process steam worries. From the moment it arrives on the job, ready to go to work, its automatic controls take over to ensure fast, economical operation. Simplified engineering cuts maintenance and shut-down costs to a minimum. Since 1912, Napanee Iron Works has enjoyed a reputation for engineering perfection in the boiler field in Canada, where it is now the leader. That reputation is pledged in the certificate of guarantee that goes with every boiler. And backing that guarantee is a service organization at your beck and call 24 hours a day, seven days a week.

**NAPANEE IRON WORKS LTD.**

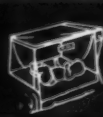
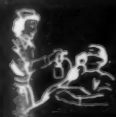
**NAPANEE, ONTARIO**

**A SUBSIDIARY OF INTERNATIONAL EQUIPMENT CO., LTD.**

# GASES FOR THE NATION'S HOSPITALS

ST. JOHN'S  
SYDNEY  
HALIFAX  
MONCTON  
BATHURST  
SAINT JOHN  
QUEBEC  
SOREL  
MONTREAL  
THETFORD MINES  
SEPT ISLES  
OTTAWA  
CORNWALL  
BROCKVILLE  
TORONTO  
OAKVILLE  
HAMILTON  
NIAGARA FALLS  
WATERLOO  
BRANTFORD  
LONDON  
CHATHAM  
WINDSOR  
SARNIA  
SUDBURY  
COPPER CLIFF  
ELLIOT LAKE  
PORT ARTHUR  
WINNIPEG  
REGINA  
SASKATOON  
EDMONTON  
CALGARY  
MEDICINE HAT  
RED DEER  
DAWSON CREEK  
CRANBROOK  
VANCOUVER  
KITIMAT  
VICTORIA  
NANAIMO

## ...SUPPLIED LOCALLY



### L.A. MEDICAL GASES & MIXTURES

Oxygen Nitrous Oxide  
Cyclopropane Helium  
Carbon Dioxide  
Helium-Oxygen 80%-20%  
Oxygen-Carbon Dioxide 95%-5%  
Oxygen-Carbon Dioxide 93%-7%

### OXYGEN THERAPY EQUIPMENT AND ACCESSORIES

Tents Tent Canopies Cannulas  
Suction Pumps Catheters Rubber & Plastic Tubing  
Resuscitators Masks etc.  
BARALYME — carbon dioxide absorbent

### ANAESTHETIC EQUIPMENT

M.L.E. CANADIAN BOYLE Mark IV  
Anaesthetic Machines and Accessories  
McKESSON and FOREGGER  
Cabinet and Portable  
Anaesthetic Machines  
and Accessories

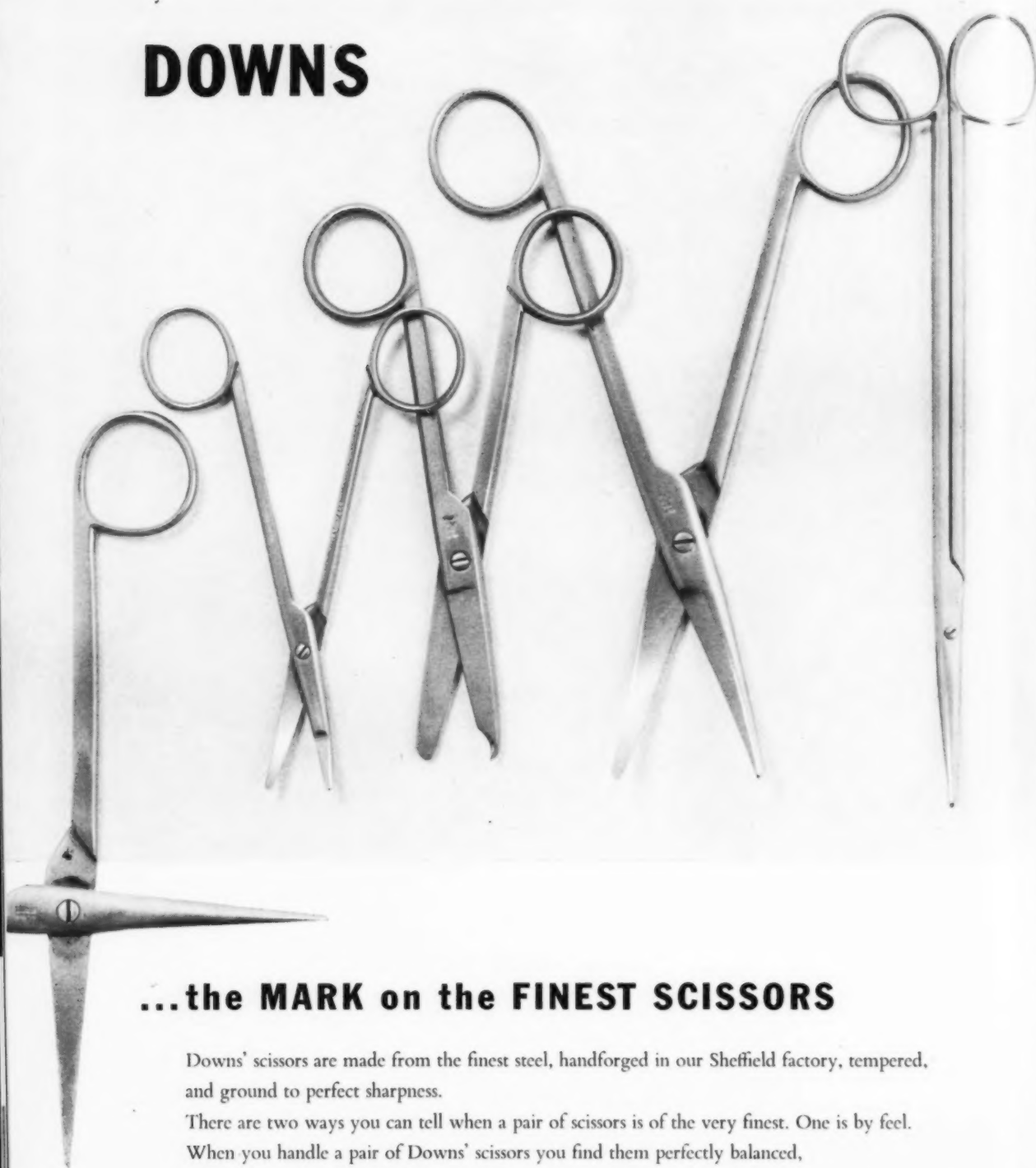
EVERYWHERE IN CANADA there's a local Liquid Air Branch to supply all your medical gas needs. Immediate facilities are always on call for cylinder or bulk delivery. No less than 500 local L.A. Sales Stores, Dealers and Depots all across Canada form a nationwide network supplying medical gases — oxygen tents — pipeline outlet equipment — anaesthetic machines and oxygen therapy equipment — together with all accessories.

MEDICAL GAS & EQUIPMENT DIVISION

*Serving the Nation's Hospitals from Coast to Coast*

Canadian **LIQUID AIR** Company  
LIMITED

# DOWN'S



## ...the MARK on the FINEST SCISSORS

Downs' scissors are made from the finest steel, handforged in our Sheffield factory, tempered, and ground to perfect sharpness.

There are two ways you can tell when a pair of scissors is of the very finest. One is by feel. When you handle a pair of Downs' scissors you find them perfectly balanced, and their cut even and steady.

The second way is by their mark. More than 250 different types of surgical scissors bear the imprint "DOWN ENGLAND". When you see that mark, it is your guarantee of lasting quality.

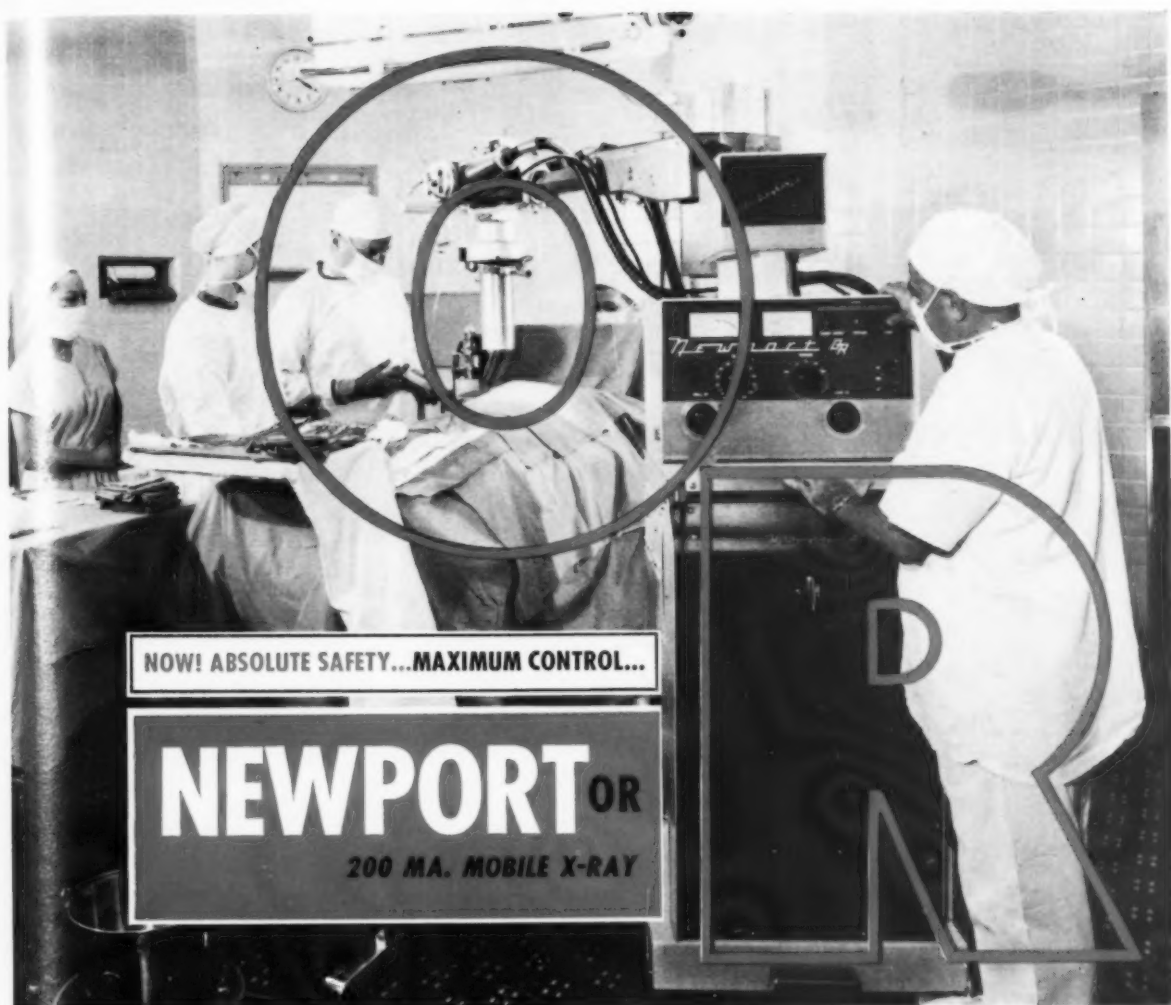


DOWN BROS. AND MAYER & PHELPS LTD.

70 Grenville Street, Toronto 5, Ontario — WA. 1-8737

HEAD OFFICE: LONDON, ENGLAND





NOW! ABSOLUTE SAFETY...MAXIMUM CONTROL...

**NEWPORT** OR

200 MA. MOBILE X-RAY

The Westinghouse NEWPORT brings new, explosion-safe fluoroscopy and radiography to surgery.

Safe in the presence of all explosive anesthetics. Can be used in operating room or anywhere in hospital.

Control panel arranged to provide simplicity of operation when every second counts.

Low and high travel permit satisfactory focus-to-film distances over, under, or lateral to the operating table, bed or stretcher.

"Deadman" type brakes take hold the instant the brake handle is released, giving the operator complete control when moving the unit.

*Newport brings* **NEW**  
**EXPLOSION-SAFE**  
**FLUOROSCOPY** *and*  
**RADIOGRAPHY**  
*to surgery!*

Offices located in all  
principal cities in Canada  
to assure prompt delivery  
and service.



261 DAVENPORT ROAD, TORONTO, ONT.

HALIFAX • ST. JOHN • QUEBEC • MONTREAL • OTTAWA • SUDBURY • WINDSOR • HAMILTON • WINNIPEG • SASKATOON • CALGARY • EDMONTON • VANCOUVER



#### Dedicate Malcolm T. MacEachern Memorial Room

Special dedicatory ceremony of the Malcolm T. MacEachern Memorial Room at the American Hospital Association Building was held February 4th under the sponsorship of the alumni of the program in hospital administration at Northwestern University in cooperation with the American College of Hospital Administrators. Photographed at the event were, left to right, Norman Brady, assistant director, Presbyterian St. Luke's Hospital; Carl Nusbaum, executive director, Rest Haven Rehabilitation Hospital; Mrs. John Soans (Dr. MacEachern's daughter); Dr. Kenneth B. Babcock, director, Joint Commission on Accreditation of Hospitals; William R. Williams, administrator, Suburban Cook County Tuberculosis Sanatorium District, Hinsdale; and James S. Schroeder, administrator, Englewood Hospital.

#### People (continued from page 12)

##### Dr. Hamnett A. Dixon

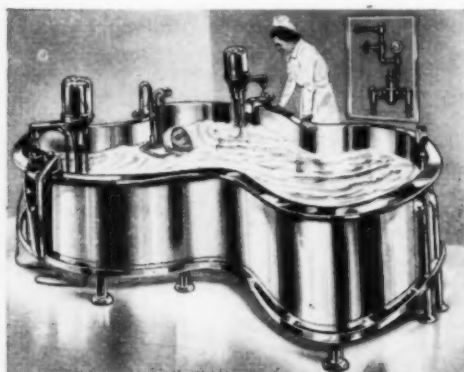
Dr. Hamnett A. Dixon, a Toronto dermatologist, died recently at the age of 66. Dr. Dixon was an associate professor of medicine, emeritus, at the University of Toronto and a consultant in dermatology at the Toronto General Hospital and the Hospital for Sick Children.

##### W. A. Scott, M.D.

Dr. William Albert Scott, professor emeritus of the University of Toronto, died recently at the age of 74. Dr. Scott was a past president and Fellow of the Royal College of Obstetricians and Gynecologists, Canada.

Born in Petrolia, Dr. Scott graduated from the University of Toronto's faculty of medicine in 1913. He was a professor at that university for 16 years.

• Dr. John G. Howlett, physician-in-chief of St. Mary's Memorial Hospital of Montreal, Que., has been elected chairman of the hospital's medical board for the year 1960.



##### HM-801 FULL BODY IMMERSION TANK

"Figure 8" design permits all parts of the body to be reached from either side without entering tank. Twin Electric Turbine Ejectors provide double action hydromassage. Overhead hoist facilitates handling of non-ambulatory patients.

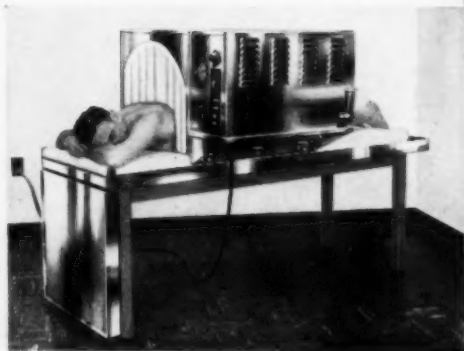
##### PB-110 PARAFFIN BATH (for hand, wrist, elbow or foot)

Stainless steel, thermostatically controlled electric heating unit, dial thermometer. Removable stand.



# ILLE:

## A DISTINGUISHED NAME IN HYDRO- AND PHYSICAL THERAPY EQUIPMENT

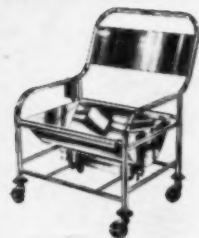


##### MA-105 MOISTURE HEAT THERAPY UNIT

Delivers temperature-controlled moist heat safely and effectively. Complete with stainless steel treatment hood, table, latex foam table pad, nylon moistureproof curtains and 4-quart filling can.

##### SB-100 HUDGINS MOBILE SITZ BATH

For postoperative rectal or postpartum care of the perineal area. Sturdy stainless steel and aluminum construction. Optional maintenance electric heater.

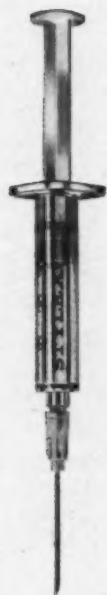


# ILLE

## ELECTRIC CORPORATION

Reach Road, Williamsport, Pa.

to  
he  
as-  
m-  
to  
at  
nd  
  
ro-  
of  
ge  
si-  
ol-  
ae-  
  
ott  
of  
in  
hat  
  
an-  
rial  
has  
os-  
ear  
  
L



CONVENIENCE  
saves valuable time daily

SAFETY  
no cross infection

# STYLEX

ACCEPTANCE  
millions used annually

The finest disposable syringe available is **STYLEX®**

PHARMASEAL LABORATORIES **PHARMASEAL** Glendale, California

Now...from **Curity**  
TRADE MARK

# New Kotex-Kleenex\* pre-pack provides new convenience in self-care

Super soft, extra length maternity pads... pre-packed  
with full-size Kleenex tissues...for complete perineal care

One convenient package, one brief explanation—and the maternity patient has all she needs for self-care.

You save in several ways. You avoid the costly bulk and bother of separate napkins and wipes. Directions are on the package. Patient needs but scant instruction. Higher retention of the Kotex pad means fewer changes. Reduces cost per patient-day. Saves on linens.

Arranged to permit aseptic technique, the 12-inch Kotex pad is folded to assure sterility of the face of the Wondersoft\* covering. Four Kleenex tissues are packed in the fold, ready for easy, aseptic removal. Hands need never touch the contact surface.

See your Curity representative now, for the new economy and convenience in post-partum care.



Kotex-Kleenex No. 1662 individual pre-packs packed 31 doz. per case. Other hospital Kotex pads available in bulk, in bags of one doz. per pack, in individual pre-packs and pre-packed with 4 Curity cotton balls.

## Kotex

MATERNITY PADS

A Product of  
KIMBERLY-CLARK  CORPORATION

THE **KENDALL** COMPANY  
(CANADA) LIMITED  
BAUER & BLACK DIVISION

\*Reg. T. M. of the Kimberly-Clark Corp.



V  
are  
ed  
care

31 doz. per  
of one doz.  
unity cotton

D (PANT  
ON

T. L



a new ease . . . a new economy . . . in perineal care





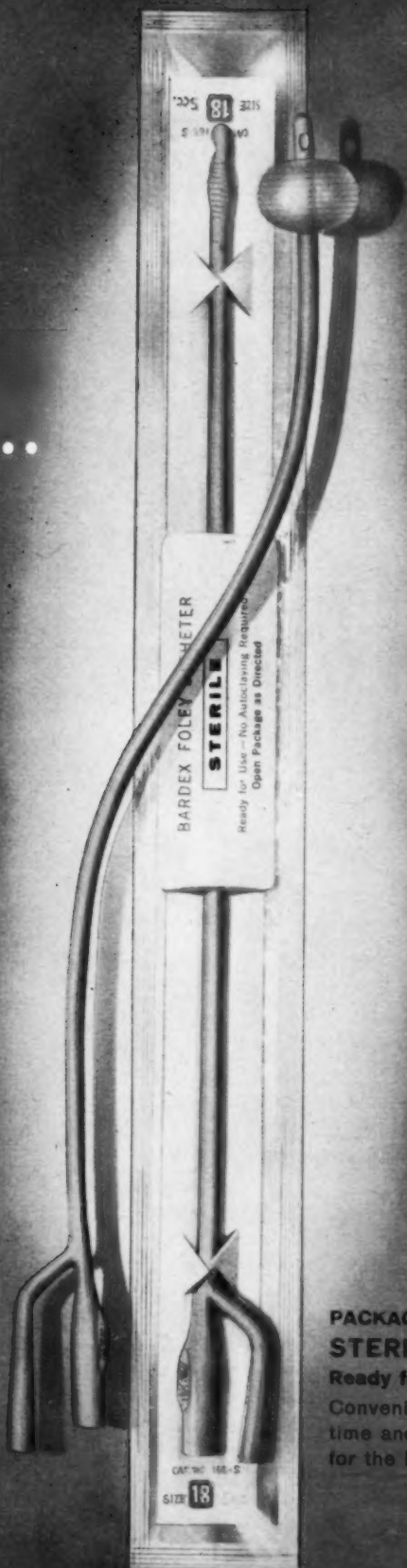
the best part  
of this catheter  
doesn't show...

**DEPENDABLE  
PERFORMANCE**

....a built-in part  
of every Bardex®  
Foley Catheter

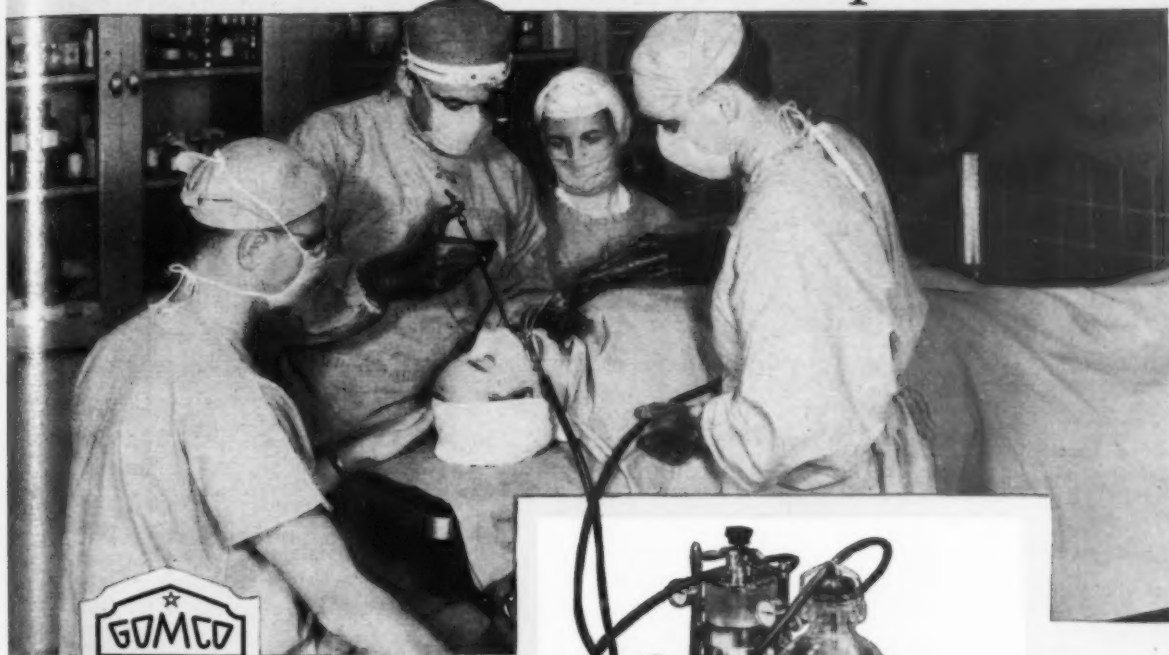
*—and while it doesn't  
show in the picture,  
you can be sure  
that it's there*

**C. R. BARD, INC.,  
SUMMIT, NEW JERSEY**



**PACKAGED  
STERILE**  
Ready for use  
Convenient—saves  
time and money  
for the Hospital

# This Modern Equipment Helps Preserve Your Priceless Reputation



For many years Gomco equipment has proved a valued ally to surgeons, nurses and staff in achieving the successful results that build reputation in the medical community.

An outstanding example is the Gomco No. 927 Explosion-Proof Hospital Unit for Suction and Ether Service. This double pump cabinet model offers the ultimate in safety. Quietly and dependably, it provides accurately-controlled ether-flow and precision-regulated suction.

Gomco Aerovent® overflow protection — automatically prevents flooding of the suction bottle, thus protecting the pump from damage.

Standard equipment of the 927 includes ether hook, suction tube, conductive rubber tubing and explosion-proof electrical connections.

Your Gomco Dealer will gladly demonstrate the 927, or any of the other models in the wide and varied line of fine, reliable, easy-to-operate Gomco equipment. Contact him today.



*Gomco No. 927 Explosion-Proof Suction and Ether Cabinet  
...choice of surgeries where the finest facilities are demanded.*



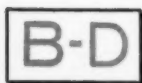
**GOMCO SURGICAL MANUFACTURING CORP.**

830 -H E. Ferry St., Buffalo 11, N. Y.

Distributed Outside the U.S.A. and Canada by: **INTERNATIONAL GENERAL ELECTRIC COMPANY**  
150 East 42nd Street, New York 17, N. Y.

THE  
BARREL  
IS  
GLASS  
HYPAK®  
STERILE  
DISPOSABLE  
SYRINGE-NEEDLE  
COMBINATION

- all-glass barrel...the material proved safe by time and use
- no solvent action...even after extensive, prolonged contact with parenteral fluid
- sterile, pyrogen-free, nontoxic...  
**B-D Controlled** from top to tip
- new, sharper needle point for one-time use...greater patient comfort

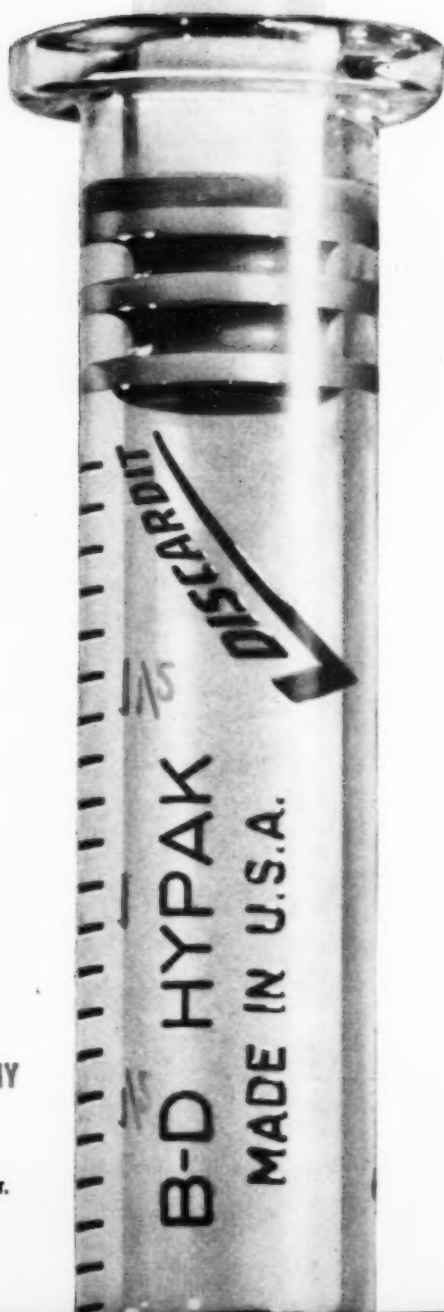


BECTON, DICKINSON AND COMPANY  
RUTHERFORD, NEW JERSEY

In Canada

BECTON, DICKINSON & CO., CANADA, LTD., TORONTO 10, ONT.

a B-D product



# CARBONET

TRADE MARK

**A new, non-adherent dressing  
with these important properties**

- ★ Water-soluble mass —  
Painlessly removed
- ★ Porous — no maceration  
— quicker healing
- ★ Unmedicated — no  
sensitivity
- ★ Stable and inert
- ★ Easy to handle



'Carbonet' is an open-mesh gauze dressing impregnated with a water-soluble polyethylene glycol mass. It is indicated for use on all types of open wounds and provides a non-adherent barrier between the wound surface and overlying dressings. The outstanding merit of 'Carbonet' is that it can be removed from a wound or ulcer without causing pain to the patient or trauma to epithelial and granulation tissue.

#### AVAILABILITY:

Sealed tins of 36 dressings — each dressing size  $3\frac{3}{4}'' \times 3\frac{3}{4}''$  (Non-interleaved.) Sealed tins containing a 4 yd. strip,  $7\frac{1}{2}''$  wide, folded zig-zag. 'Carbonet' is sterilised ready for immediate use — may be re-sterilised.

## CARBONET

**a new non-adherent dressing**



**S&N**

SMITH & NEPHEW LTD., 5640 PARÉ ST., MONTREAL



## A.C.H.A. Activities

"Should Your Child be a Hospital Administrator?" is the subject of an article that appeared recently in a series of public service advertisements sponsored by the New York Life Insurance Company.

The article is signed by Dr. Edwin L. Crosby, president of the American Hospital Association and a Fellow in the College. It is being reprinted in leaflet form for use by vocational guidance counsellors and others interested in promulgating hospital administration as a career.

A copy of the leaflet will be sent to all members of the College for their review. Additional copies will be available free of charge from the Publications Dept., ACHA, 840 North Lake Shore Drive, Chicago, Ill.

### New Membership Service

Beginning this month or next, affiliates of the College will receive new membership service, a publication entitled, *Administrator's Digest*.

This new publication is "a digest of significant current literature on organization, management and hu-

man relations" and will be distributed monthly.

The contents are prepared by the A. G. Bush Library of the Industrial Relations Centre at the University of Chicago and are being made available to members of the College through a special arrangement with Robert K. Burns, director of the IRC.

The Industrial Relations Centre is an interdisciplinary organization engaged in research and program development in management, organization and industrial relations. It is affiliated with the Graduate School of Business and the Division of the Social Sciences of the University of Chicago.

*Administrator's Digest* will be available without charge to members of the College.

### Ontario Institute

Colourful announcements of the Third Annual Ontario Institute for Hospital Administrators to be presented by the Ontario Hospital Association in co-operation with the College in Toronto, May 9-12th have been mailed to hospital administrators and their assistants in Ontario and adjoining provinces.

The four-day program will feature formal lectures and informal discussion on such important topics as medical staff relations, financing, personnel and nursing service. Attention will also be paid to hospital-community relations, including such subjects as care of the aged, the chronically ill, home-care and the integration of public health facilities.

The Park Plaza Hotel in Toronto is the gathering place for the Institute; registration fees are \$5 for members of the College, \$10 for non-College members.

### Hospital Administrators Development Program

A selected group of experienced hospital administrators will explore the many-sided issues and problems raised by recent developments in the health field during an intensive four-week study program at Cornell University to start July 11. This is the third annual Hospital Administrators Development Program. The program will cover three main subject areas: medical care organization, administration and trends in hospital administration.

## Geerpres Mopping Outfits CLEAN QUICKER, LAST LONGER



Here's why . . .

Every GEERPRES wringer, bucket and chassis has the rugged built-in features that stand up under years of hard work. Wringers are electroplated for full rust resistance. They wring mops drier, too; never splash on cleaned floors. Buckets are hot-dip galvanized after fabrication. They feature ball-bearing rubber wheeled casters—quiet; can't harm floors. Ask your distributor or write for Catalog 958.



### New "CONVERTIBLE"

Single bucket when you want it; twin-tank unit when you need it. Buckets join with two steel wire hooks—trail smoothly. Rubber bumper stops noise.

GEERPRES EQUIPMENT IS DISTRIBUTED IN CANADA BY:

**CODY'S, LIMITED**  
Saint John, New Brunswick  
Halifax, Nova Scotia

**DUSTBANE COMPANY OF  
BRITISH COLUMBIA, LTD.**  
Vancouver, B. C.

**GORDON A. MacEACHERN, LTD.**  
Toronto, Hamilton, London, Windsor,  
Manitowadge, Port Arthur

**C. C. FALCONER & SON, LTD.**  
Winnipeg, Manitoba  
Branches in Saskatoon and Regina

**SANITARY PRODUCTS, LTD.**  
St. John's, Newfoundland

**W. E. GREER, LTD.**  
Edmonton and Calgary

**INTERNATIONAL JANITOR SUPPLIES**  
Vancouver, B. C.

*Dignity*

*Confidence...*

SIZE  
**GLOVES 7 1/2**

**BEFORE AUTOCLAVING**

SIZE  
**STERILE GLOVES 7 1/2**

**AFTER AUTOCLAVING**

**A TSI** (TIME STERILE INDICATOR)  
15 MIN. - 250°  
**LABEL** GIVES DIGNITY •  
**CONFIDENCE TO EVERY PACKAGE**



- NO GUESSWORK
- NO PENCIL MARK MISTAKES

FOR SURGERY AND ALL OTHER DEPARTMENTS  
IT IS CLEAN - CRISP - WHITE - STRONGER  
SEALS - IDENTIFIES - GIVES SIZE - NUMBER AND  
CONDITION OF EVERY ASSEMBLED PACKAGE. SELF-  
STICKING TO ANY WRAPPING MATERIAL. Key Dept. A-60

**PROFESSIONAL TAPE CO., INC. 355 BURLINGTON RD. RIVERSIDE, ILLINOIS**



**YOUR REASONS**  
**for ordering**  
**STAFFORD**  
**FOODS**  
**are**  
**40 YEARS**  
**STRONG**







# **Here's what Stafford's 40 years' experience means to your business—**

## **IMMEDIATE DELIVERY**

because your order is processed the day it's received. Stafford Foods have warehouses with delivery truck fleets in all principal cities—just overnight from our customers.

## **CONSISTENTLY HIGH QUALITY**

means you can always rely on Stafford foods. All bulk packs are code-dated to endorse their freshness, and all Stafford foods are tested in our own kitchens before packing.

## **HUNDREDS OF APPETIZING PREPARATIONS**

in eleven different food categories from condiments to instant mixes. Stafford formulas were developed and pioneered personally by John H. Stafford to meet the needs of the restaurant, hotel and institution trade.

**You can have the highest  
confidence in**

# **STAFFORD FOODS LIMITED**

**Manufacturers and Food Processors**

Plants: Toronto, Hamilton, Montreal

Branch Offices: Moncton, Winnipeg, Calgary, Edmonton, Vancouver



**JOHN H. STAFFORD**



**New peace  
of mind for  
patients...  
costs no more  
than ordinary  
service**

## **DIXIE MATCHED FOOD SERVICE**

Patients, doctors and nurses know that with Dixie Matched Food Service there's never a doubt about cleanliness. And these Dixie Cups, Plates and Containers are specially coated to keep hot foods hot, make foods more appetizing.

Hospitals benefit, too. Dishwashing is practically eliminated. Trays are lighter, served faster. Cleaning takes minutes instead of hours. Costly breakage eliminated. Write for information on keeping costs down with Dixie Matched Food Service.

Not all paper cups are **DIXIE CUPS** ... just the best ones!



**DIXIE CUP CO. (CANADA) LIMITED, BRAMPTON, ONTARIO**



## Obiter Dicta

### Bloorview—Hospital, Home and School

**I**N response to popular demand the institution formerly called the Home for Incurable Children, Toronto, will henceforth be known as Bloorview Hospital, Home and School. In a time when much is being done to aid even those patients who may always require care, the term "incurable" has become obsolete. And, to say the least, it is downright discouraging. The above happy change was announced at the Diamond Jubilee meeting of the board of governors which was held last month. The large gathering of "friends" of the home celebrated 100 years of service to handicapped and chronically ill children in downtown Toronto. It co-incided too with the inauguration of an extended program of rehabilitation and the effort required to acquire the necessary space and facilities for it.

The forty some children at Bloorview are attended by physicians who are also on the staff of the Hospital for Sick Children. Thus when any acute illness occurs or when they can benefit from surgery, they are moved to the larger hospital and looked after by doctors whom they know. The children have regular school hours, under teachers provided by the local board of Education. Certain special subjects are taught by volunteers and, not surprisingly, many talents are developed. Most interesting pottery and painting is on display, singing is enjoyed by all, and the school magazine is enchanting. There is an eagerness to know and a freshness of outlook all too often missing in children who have too much.

One of the problems voiced by the president of the board, Mrs. M. G. Hogarth, is the future of such children. According to the constitution of the home, they must "graduate" to some other institution at the age of 16. At the present time, there is no doubt that most long-term hospitals contain a predominance of patients in older age groups. Little can be done about continuing education, for instance. It is the hope and the dream of the board of governors of Bloorview that

in the days ahead they may be able to achieve a supervised residence, school, and workshop for handicapped teen-agers who need some form of continuous care.

On page 43 of this issue we are glad to be able to publish an excellent article by L. Earl Ludlow of the Department of Public Welfare (Ontario) on the subject "Alternatives to Hospital Care". Is it not possible that the project visualized by the ladies of Bloorview might be yet another alternative?—J.F.

### Alternatives Are Necessary

**S**URVEY returns for our 1960 issue of the *Canadian Hospital Directory* show that many established hospitals are continuing to grow in size and that many new hospitals are being constructed. In a country which is growing as rapidly as Canada, this trend is to be expected. To maintain our present ratio of beds to population and to allow for obsolete facilities, we cannot expect otherwise. However, a third factor which has been causing concern for several years is the ever rising incidence in the use of general hospital facilities. Thoughtful people are searching for possible satisfactory alternatives which would help meet the demands made upon the costly general hospital.

This raises the question of how general the general hospital should be. On the one hand, there are those who envisage the hospital of the immediate future as a composite institution. A unit for the care of the acutely ill could be closely linked, on the same site, with wings for the long-stay patient, the convalescent, and the short-stay psychiatric patient. Some go farther and suggest units for certain categories of the aged. A second school of thought contends that the general hospital should be reserved for the acutely ill bed patient and that other quite separate institutions should care for other types of cases.

The functions of the general hospital, in any given community at the present time, depend on many fac-



tors, not the least of which is complete lack of any other type of accommodation for sick people. This is especially true in the case of long-term patients. To achieve alternative facilities requires long-range planning by health and welfare authorities, social agencies, voluntary associations and responsible citizens in the community concerned. Capital funds must be found and buildings must be designed to provide the maximum in service for the type of persons to be cared for. This is Canada's most challenging problem in the field of health today. If the public does not grapple with it now, the rising cost of establishing and maintaining acute general hospitals will sooner or later force the issue. As a beginning on the larger problem, we should like to see units in operation which would serve patients who are undergoing diagnostic procedures and who are able to do so on an ambulatory basis.

### On Being a Trustee

**T**HROUGHOUT Canada many thousands of public spirited men and women serve their fellow citizens as hospital trustees. Usually a trustee is chosen because he is successful in his own business or profession, is active in community affairs, and has a genuine interest in people. No doubt there are trustees who have been offered such positions for other reasons. Their names alone may offer prestige to the institution, for instance. On the other hand there are those who seek membership on a hospital board to get their names before the public, perhaps as a stepping stone toward politics or with the thought that it might lead to business advantage.

Now the hospital trustee, if he is to carry out the real obligations of his office, must possess to a high degree the accepted virtues, must be willing to devote considerable time to hospital business on a voluntary basis. He must be prepared to render service in situations which are frequently difficult and thankless. As Dr. Letourneau has pointed out in his recent book, *Hospital Trusteeship*: "The hospital trustee must be known as a dedicated public-spirited person who loves his neighbor as himself and desires to help his fellowman—a philanthropist in every sense of the word."

The trustee needs to have more than good intentions. He should be thoroughly well-informed about his own hospital and the field generally. This takes time. As a beginning, an orientation program for the new trustee is very helpful. By the time he becomes familiar with the lay-out of the hospital and the purposes of its various departments, he will have begun to learn words and phrases which were at first meaningless to him. Before he can begin to understand all that is implied in the term "good patient care" he must read widely, attend regional meetings and, on occasion, travel to other centres.

Much, indeed, is thus asked of people who are usually busy enough in their own vocations. Yet it is true that the busiest people are those to whom the community looks when leadership is needed.—G. McC.

### Pulse-Taking

**I**T has been stated that if you wish to know your hospital from the patient's point of view, you should have some experience as a patient. Those administrators who, for reasons of health, have had to become patients are the first to admit the truth of this maxim. This experience can reveal surprising strength and

weakness; it can bring knowledge that could not be attained in any other way.

Few administrators have the opportunity to learn in this way however. So what alternatives are available to them? Most of them spend considerable time strolling through wards and departmental areas in an apparently casual manner. The objective observer can learn much in this way. It is a form of institutional pulse-taking which most administrators practice to good advantage.

In trying to assess the hospital through the patient's eyes, some administrators circulate questionnaires wherein the patient is invited to make comments on specific services or general comments. Tabulation of answers received, at frequent intervals, will often reveal a pattern of dissatisfaction which was quite unknown until pointed up in this way.

Aside from the common complaint that the coffee was cold, patients often make comments concerning admission procedures or delays in the emergency department. The most frequent one is about being kept waiting. Most people do not understand the importance of the statistical data they are required to provide at the time of admission and they consider most of the questions asked quite unnecessary. For this reason the admitting supervisor must have a high degree of tact and judgment. This applies as well to all personnel in the department and they must be organized to handle routine admissions in an efficient manner. Even more important, when seriously ill or injured patients are involved, the whole hospital will be judged by the way in which admission personnel meet the situation. The briefest delay in such circumstances seems a long time to exasperated and worried relatives to say nothing of the suffering patient. The smart administrator will try to ensure that good public relations are fostered at such times.

### More Comfort for the Aged

**I**N this issue we feature two homes for the aged in Ontario which reveal the modern trend in this type of accommodation. Kipling Acres in the township of Etobicoke, about 15 miles from downtown Toronto, is one of a chain of homes being established by the municipality of Metropolitan Toronto (See the following pages.) This home is in the nature of a long term care unit for old people who require supervision and assistance every day, if not always medical care. While they are divided according to their various capacities and encouraged to do as much as possible for themselves, there is a nursing station on each floor. Nearby is Westacres, a block of low-rent apartments, designed for the use of old people who are well but financially unable to afford proper housing. In case of illness, they can readily be moved to Kipling Acres or, for special medical treatment, to a general hospital. Here is provided ideal care for senior citizens in a pleasant rural setting. One disadvantage should be noted. For the present at least, the home is a long way from the city proper and it must be difficult and possibly costly for relatives to visit the residents of either of these units. In Europe, we understand, the trend is to keep such institutions in the heart of large cities.

The second design shown this month is an addition to the existing home at Walkerton which will eventually be replaced by an extension of the new section. (See page 44.) It is interesting to note the contrast between the earlier tall pseudo-gothic style and the low modern design so much more suitable for elderly residents.



at Kipling Acres Home for the Aged and  
Westacres Apartments, Etobicoke, Ontario

## PROGRAM FOR THE AGING

**T**HE municipality of Metropolitan Toronto is developing three main programs in an attempt to keep pace with the needs of its senior citizens. These are:

1. Providing homes for the aged. At present there are 1,749 beds in four homes. Future plans call for two homes accommodating 265 beds in each home and a 45-bed addition to an existing home.

2. Providing low cost housing and low rental and moderate rental housing. The present elderly persons' low cost housing consists of 719 units in five separate locations. Two hundred and ninety-six units are under construction, 232 units are to be constructed in the immediate future, and 974 units in five locations are in the planning stage. The low rental and moderate rental housing consists of 1,043 units. One hundred and fifty-five units are to be constructed in the immediate future and 1,033 units in four locations are in the planning stage.

3. Providing a special home care program in private homes in the community for those elderly people who would benefit from this type of care.

How are these programs fulfilling the needs of the senior citizens of Toronto?

The program for the care of the aging is the direct responsibility of the Department of Welfare and

L. A. Quaglia,  
Toronto, Ont.

Housing of the municipality of Metropolitan Toronto, of which Robert J. Smith is commissioner. In general, those who are admissible into this program are persons over the age of 60 who are *bona fide* residents of the municipality.

The objectives of the first two programs—the homes for the aged and the elderly persons' low cost housing—may be observed by examining a 10.6 acre development in a north-west suburb of Toronto, the township of Etobicoke. This township is located 15 miles from downtown Toronto. On this site there is a 260-bed home for the aged, Kipling Acres, and a 128-suite elderly persons' low cost housing unit, Westacres. Kipling Acres Home for the Aged was officially opened on November 6, 1959; the Westacres apartments were officially opened on January 31, 1957.

Kipling Acres has been constructed on a north-south axis. The building is of reinforced concrete and brick construction and has been designed to give a maximum economy of structure, services and planning.

*The author is the superintendent of Kipling Acres Home for the Aged.*

### General Design

The building has four floors, no basement. The first floor contains the administration and non-medical services, and the upper three floors contain the wards and the medical services. The building has been planned around a central core containing elevators, staircases, and in the upper three floors, the nurses' stations. This plan reduces circulation of traffic to a minimum.

The entrance to the home is situated under the cover of a carport. It leads into a spacious and well-lit foyer, containing the elevators, staircases, tuck shop and reception area. A chapel is situated to the immediate south of the foyer. There is a parking area at the east end, the rear, of the building.

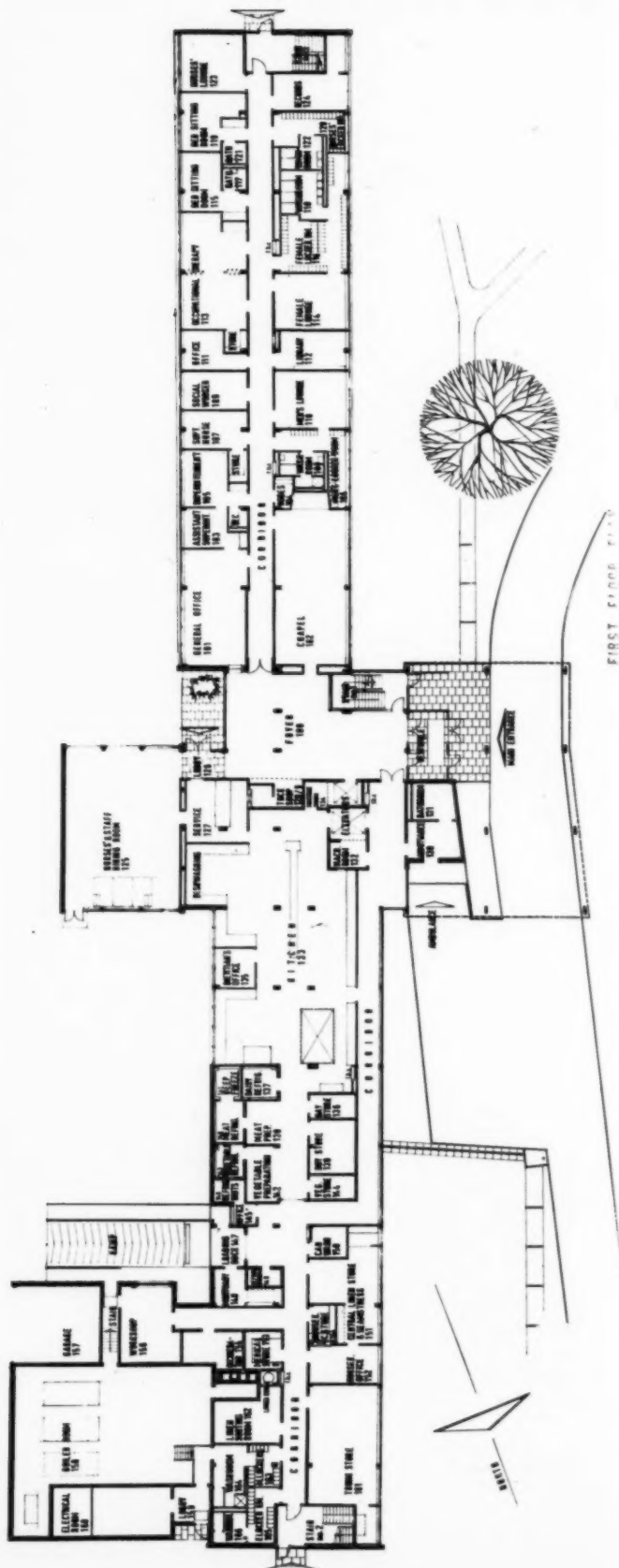
The south wing of the first floor houses the administration offices, staff washrooms and lounges, resident library, storage rooms and bed-sitting rooms for the superintendent of nurses and the housekeeper. To the east and off the foyer is a staff dining room. This room has a movable platform and serves its second function of being an auditorium very satisfactorily.

The north wing, proceeding north from the foyer, contains the kitchen, receiving and stores area, mortuary, linen rooms, resident trunk storage room, and boiler room. A corridor around the west area of the kitchen keeps traffic outside of it. The building has no laundry facilities; all laundry for the homes operated by the Department of Welfare and Housing is done in one home. The resident trunk storage room is large enough to accommodate personal items that residents wish to store.

The boiler room block is separated from the main block at the north-east corner. Incorporated in this block are the boiler rooms, garbage, workshop, and electrical rooms. The mechanical plant has been designed to operate without any manual control. The official rating on the plant is such that a qualified engineer is not required. A handyman, on a 40-hour work week, has the responsibility of the boiler room and the maintenance functions of the building.

Heating of the building is by thermostatically controlled forced hot water — 76 degrees F. on the wards, 78 to 80 degrees F. in the resident bathroom, 72 degrees F. in the staff rooms and offices, and 65 degrees F. in work and storage areas.

The ward floors are principally



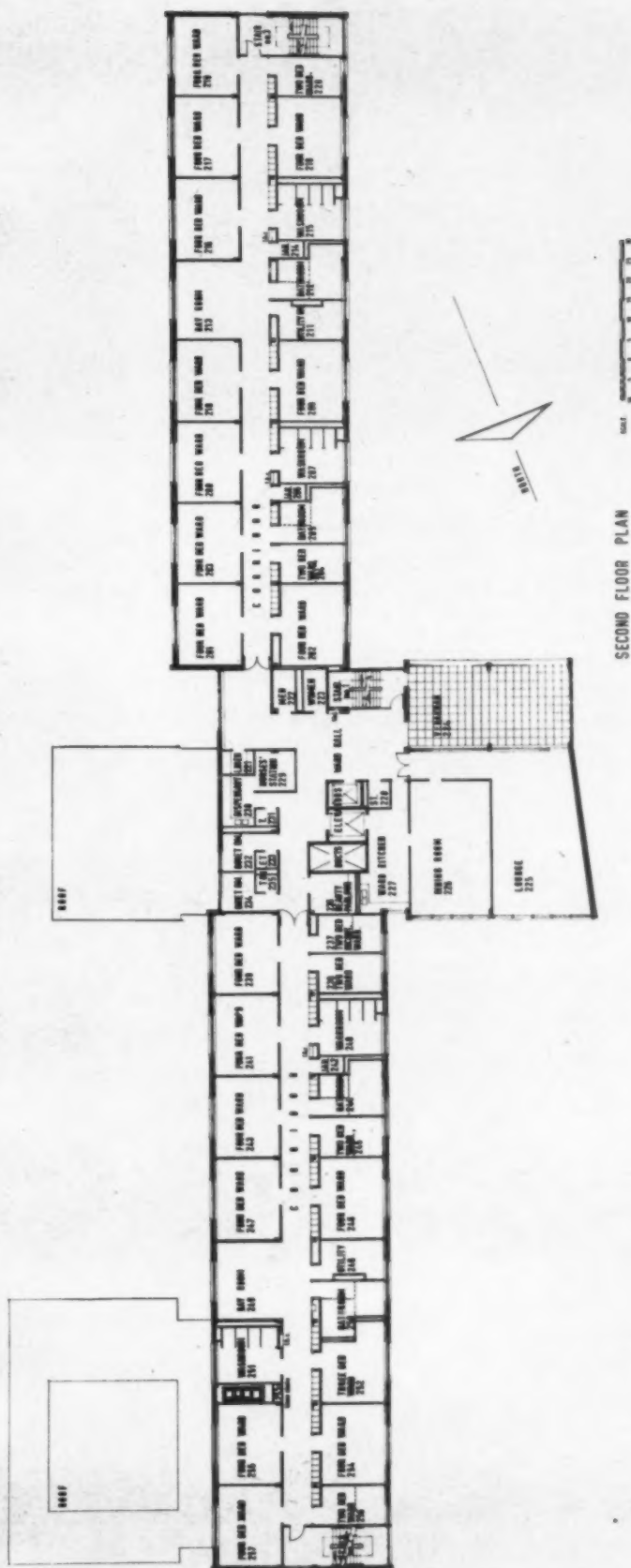
identical in layout with the exception of the third floor which houses the doctor's office, laboratory unit and physio- and occupational therapy units. Each floor is divided equally, the centre being the nurses' station which is placed to give control over each wing. This effect has been obtained by staggering the central corridor at this point. The staggering has helped to reduce visual length and to remove the institutional atmosphere. This plan has meant that the division of beds for male and female patients is flexible and may be altered according to requirements. The central area leads out onto a verandah.

In a short wing to the west are situated the floor dining room, which is separated from the core by the floor kitchen, a day lounge and the verandah. A day room is located in the centre of each wing. It is open to the corridor and provides a common room atmosphere. Resident bathrooms, washrooms and utility rooms located in each wing of the floor serve their wings with a maximum of convenience for both staff and residents. Lockers for each resident are built into the west wall of the corridor and a grab rail is provided on the east side. Each resident also has a bedside table for storage of personal items.

The physical facilities at the Kipling Acres Home for the Aged are vastly different from those in a home for the aged of a few years ago. The facilities imply a broad program to fulfil a changing demand and to accommodate all those in the community who need its services.

#### Admissions

Admissions to Kipling Acres are based on the policy that the applicant has resided in Metropolitan Toronto 12 months, that he or she is over the age of 60, that he is unable to look after himself in the community and that he requires bed or semi-bed care. This may mean a person with a medical condition common to the aging — atherosclerosis, chronic brain syndrome with senile brain disease, Parkinson's disease, osteo-arthritis, slight hypertension, cerebral sclerosis and slowly degenerative change. It may imply that the old person's defences have broken down and that he is reacting severely to a loss of status, personal, social or financial. With this group, such attention-getting behaviours as irritability, stubbornness, hoarding, incontinency, temper tantrums, suspiciousness, depressiveness and im-



SECOND FLOOR PLAN





Main Foyer



Day Room

patience have become the norm of life. An individual with such a medical or emotional problem may be defined as one who cannot look after himself in the community.

The admission procedure is initiated by a request being forwarded to the welfare officer of the municipality in which the applicant resides. There is an office in each of the municipalities which make up the Metropolitan Toronto area. (This includes the city of Toronto and 12 outlying suburbs). The social service unit of the Department of Welfare and Housing is then contacted and all the required correspondence and medical reports are completed. These reports are then submitted to a medical advisory board which sits bi-weekly. The board reviews the applications for approval, recommends the type of care required, and advises the applicant regarding admission. All reports and correspondence precede the applicant to the home.

#### Goals

Kipling Acres provides the necessities of life:

1. A roof, proper ventilation, three balanced meals per day, and snacks in the evening.
2. Clothing for those residents of the home who have no financial means.
3. Spending money for those who have no finances.
4. Complete medical, nursing and dietary care, and, for those who will benefit by it, physio- and occupational therapy treatments.
5. Incentives and mental stimulation for each resident in the home. This covers such facets of life as providing the residents with something to do and giving them an objective.

The home also provides the comforts of life:

1. Adequate living conditions for the elderly person are provided, i.e., an attractive, warm, clean place to live in homey surroundings and in an area of spotless housekeeping.
2. Surcease from such burdensome cares of the world (at this late stage in life) as having bills to pay, fires to make, and food to cook.
3. A planned social and recreational program directed to the needs of the individual. This program consists of such activities as television, Hi-Fi music piped throughout the building, occasional outings for those medically able, bingo and euchre games, movies, concerts, birthday parties, variety shows and occupational therapy.
4. A religious program directed to the spiritual needs of each individual. The superintendent of the home, together with ministers and priests in the area, have drafted a religious program for those residents who wish it.

And, of course, Kipling Acres gives the medical necessities of life: the medical needs of the residents are the responsibility of the house physician. The various clinics at the out-patient departments of the teaching hospitals are used by the house physician for any referrals that he may require. Residents are admitted to hospital for any acute treatment that may be required.

#### Program

Kipling Acres follows a strict procedure in order that all residents are incorporated into the planned program of the home. The day following admission, the house physician examines the resident in order that a medical program can

be initiated. A week after admission the superintendent of the home, the superintendent of nurses and the house physician meet to begin a groundwork for the program. The principle followed in this program is that it is conceded that when people become old enough, physical and mental disabilities are likely to develop; that the mental disorders of old age are almost always associated with organic brain changes; that in many instances emotionally disturbing problems seem to serve as precipitating factors in general or specific deterioration from which the aging person may or may not recover; but that if the person is able to live an emotionally satisfying life, the time of deterioration can be postponed.

In the program that the home develops for the resident, the factor that is stressed is teaching the resident to help himself. The major problem that must be overcome for each individual is the means of producing a self-help program painlessly and with the full co-operation of the resident. The major reason for this problem seems to be that many people anticipate, before admission, that they will be waited on completely, regardless of their power to help themselves.

The problem is overcome with an infinite amount of patience and persistence on the part of the staff at the home. It has been found that if the resident finds a reassuring and supportive figure, he will perform seemingly miraculous feats at times (such as using long unused muscles) in order to remain in the good graces of the potentially helpful person. This factor is made use of especially in the therapy areas of the home.

Shortly before the opening of

Kipling Acres, the superintendent of the home met with a few members of the Etobicoke Red Cross Visitation Committee to formulate plans for a women's auxiliary. It was decided that this committee would be the hub of the auxiliary. The purposes of the auxiliary have been to provide the residents of the home with personal friends, to assist in offering a diversified recreational program, to serve as an education and public relations medium, and to instill in the residents a feeling of community belonging.

These functions have been fulfilled by operating for the residents a beauty salon, library and visiting service. The beauty salon is open three times a week, and the library already has reached the 1,000 book level mark. Members of this visiting group usually become friendly with residents and do such things as write letters, listen to stories and run errands for their friends.

The major recreational activity of the auxiliary is the monthly birthday party. Twelve Red Cross units participate in this gala monthly affair — one month is allotted to each unit. This unit is responsible for providing refreshments, presents and entertainment for that party. The party, which is held in honour of those residents whose birthday falls in that particular month, is celebrated in the auditorium. All the residents in the home participate.

Community interest has also been fostered by encouraging service groups to participate in the entertainment program of the home. For example, the local Kiwanis Club and Pilot League of Canada sponsor monthly bingo games.

In order to complement the resident-community relationship, organizations have been encouraged to let residents perform such small and worthwhile tasks as folding association brochures. With these projects fully established, the residents of the home are being stimulated into activity and into retaining the feeling of community belongingness.

In summary, it may be noted that Kipling Acres provides in addition to the medical, nursing and dietary care, psychological needs by creating an atmosphere of self-respect, self-confidence, security and a sense of belonging. The residents are made to feel important to the community and are provided with normal social contacts with their fellow men. Each person has been given something to which to adjust,

based on the degree of organic deterioration. In this sense, one may conclude that Kipling Acres is not an isolated institution but is a vital and busy community geriatric centre.

#### Westacres

The Westacres apartments provide a different objective in order to fill the needs of those senior citizens of the community who do not fall into the above medical-emotional category. These apartments provide an independent living arrangement for those who do not require the amount of care supplied in full boarding or institutional care.

The apartments were built by the Metropolitan Toronto Housing Company Limited. The company, which is provincially incorporated, was founded in 1954 by the municipality of Metropolitan Toronto in order that the municipality might avail itself of the provisions of the limited dividend section of the National Housing Act. Westacres and all other elderly persons' low cost housing developments are operated under the direction of the Department of Welfare and Housing.

Retirement at the age of 65 or 70 usually means a reduction in income. With this reduction comes the problem of finding accommodation within the new income. Here a principle that may be stated is that when the profit motive is paramount, our older people are at the bottom of the landlord's list of desirable tenants — and the cheapest rooms are usually the least desirable for the aging. Such problems as overcrowding, stairs, improper ventilation and lack of needed facilities are only a few of the negative elements that come into existence at this late stage in life. These problems are all eliminated when each retired couple or single person moves into Westacres. The tenant has peace of mind, knowing that regardless of finances, he will have a comfortable residence of his own for the rest of his days.

Coming to the apartments means moves and changes. Moving requires a breaking of old ties. When one tenant was asked about this his retort was "Concerning old ties, let's not allow ourselves to become too sentimental about what we left

Westacres Apartments



behind when moving to the Westacres apartments. Old ties can mean many things, from friends to the corner pub. It might so happen that it was a relief to get rid of some of the old ties and begin life afresh in a new community. It is possible, however, to still retain the friendly old ties at this distance." The elderly gentleman who made this statement had previously lived in the Jarvis-Wellesley section of Toronto, an old residential downtown area.

Suburban living seems to have coincided with some of the needs of these tenants. A retired clerk who resided in downtown Toronto in his younger days has remarked to me that suburban living means "quietness and ease, plus comfort as provided for in the facilities to be found in Westacres." His philosophy is that the quietness of suburbia brings the social problems of aging into focus. He himself has learned to absorb the essentials of life — the melodies of sound, the colours in flower and tree and the songs in poetry and prose. He says: "If I don't, then I will seek relaxation in being a misery to myself and to my neighbours."

Another retired worker who likes to work with his hands has realized that when he passed the age of 70 he could no longer perform such heavy tasks as swinging a pick. He has now learned to spend his time helping his wife with the apartment chores and, when the weather allows, checking into the developing suburban community, of which he feels he is a member. He is content in his membership in the community, in his pension income and in his independence.

For this type of tenant, Westacres has meant that lifetime security has been obtained and that there is no longer the necessity of performing such undesirable tasks (for the older generation) as mowing lawns, repairing plumbing, coping with increases in rent or taxes, and otherwise maintaining their own homes. It has meant that the non-essential furniture which has been accumulated over the years is disposed of and that the chore of going from room to room is eliminated.

When others moved into Westacres, they could not adjust themselves to finding enjoyment in such simplicity. This group formed an association to find recreation for its own community. The association was called The Kipling Heights Senior Citizens' Club.

When the Kipling Acres home was completed, representatives from the association and the superintendent of the home met to discuss a recreation program. It was decided that the home would provide facilities to the senior citizens' club. The association would seek to provide recreation for its bi-monthly meetings. The residents of this miniature subdivision found community support. This support has included such a range of activities as providing transportation to major around-town events, sponsoring bingo games, showing movies and conducting musical programs in the auditorium of the home. All the tenants in Westacres have been extended an invitation to attend the recreation, entertainment and religious activities of the planned program for the residents of the home. This invitation has been accepted because activity is always available.

The proximity of Kipling Acres has also added to the security of the Westacres residents. Some who were troubled with the problem of "What will become of me if I become incapacitated or ill and unable to look after myself?" have this alleviated whenever they look across the landscaped ground to the home. For each tenant has the comfort of knowing that he will be cared for if the need should ever arise.

This security has been further enhanced by the fact that the tenants are actively participating in the handicraft, recreational and entertainment programs of the home. In the handicraft program, such articles as etchings, aprons, paintings, jewellery, et cetera, are being produced and sold. Hair permanents, waves, and shampoos are all given at the beauty salon.

The fact that the tenants of Westacres consider the home a second home, also will help them to adjust more easily if a time comes when they are admitted to a home for the aged.

Westacres apartments may be seen therefore, as meeting a need for the senior citizen by encouraging and maintaining his privacy, freedom, and security through the provision of adequate and realistic housing which has taken into consideration the maintaining of his potential for independence. The success of Westacres has been due to building on the great qualities and assets of the desire, will and ability for self-care and independent living.

## Home Care

The third program which has been developed for the senior citizens of Toronto, is the special home care program. This program is designed for an interchange of residence between the homes for the aged and a residential home in the community for those who are a good physical and mental health. This group usually consists of those who have no friends or relatives in Toronto, or who have no space for accommodation, and who are desirous of living in a residential manner. The program is directed by the social service unit of the Department of Welfare and Housing.

Special home care is offered, therefore, to those elderly persons who are ambulant, have an ordinary diet, do not require medical and/or nursing care, do not require regular clinic attendance, are reasonably physically able to care for personal needs and have a reasonable capacity for adaptability.

The private homes used in the home care program are in the area of the municipality of Metropolitan Toronto. They must meet the following standards — a maximum of six guests of any kind, exclusive of family, are allowable in the home; the home provides well cooked meals in happy surroundings; the elderly person is provided with clean, airy rooms with adequate bedroom and cupboard space; the guest does not cause overcrowding, i.e., a member of the family having to sleep in the living room as a result of the guest; there are no fire hazards; there are safe staircases, and there is a genuine interest in older people on the part of all the family living in the home.

A social worker visits the home housing a guest as often as the worker deems it necessary. If a guest becomes ill with anything more than a mild and temporary indisposition, he is transferred to the local home for the aged or, if necessary, admitted to hospital.

The municipality of Metropolitan Toronto has developed a program that caters to the needs of its aging population. The program coincides with desire to provide independent and semi-independent living until the point of a physical or emotional breakdown is reached by the individual. At this point, or when the breakdown is first noticed, the homes for the aged meet the need of these elderly people who require institutional care. ■



## Food Service at Kipling Acres

Mary MacEwen,  
Toronto, Ont.

THE kitchen of Kipling Acres is located on the first floor of a four-storey building which houses 260 residents. The compact kitchen contains: a vegetable preparation area, a vegetable storage room, three walk-in refrigerators, two storage goods storerooms, a main cooking area, a bakeshop area, a special diets section, a pot room area, a dishwashing area, a truck storage section, a conveyor belt area and a dietitian's office. The receiving area, garbage can washing room and room for refrigerated garbage are located adjacent to one end of the kitchen.

The meal service is centralized and food is kept hot and appetizing by means of an insulated stainless steel container in which is placed a heated pellet (450 degrees F.) The dinner plate (which has also been heated) is then put on top of this and the food is protected with a bowl-shaped, heated, stainless steel cover. This system will keep food hot for one hour. Completed trays are transported in tray trucks, which have a capacity of 20 trays each. They go to the various floors on an elevator located approximately six feet from the end of the conveyor belt line.

On the second and fourth floors there are two types of meal service. Ambulatory residents, and those who are wheel-chair cases, come to

the dining room which is located on the floor where the resident lives. The remainder of the residents are bed-ridden and must of course receive their meals in their own rooms.

The third floor residents are complete bed-care cases and all require aid in feeding themselves as well as constant supervision.

Our residents are encouraged if it is at all possible to come to the dining room for meals, as the simple process of walking to and from the dining room has proved to be of excellent therapeutic value. Besides this, the social aspect of community eating is important. Also, conversation at meal time with one's fellow residents tends to make a person forget his own troubles and increases tremendously his interest in the world around him.

Adjacent to the main kitchen is a small cafeteria, used primarily by the staff at Kipling Acres. However, it is also open to the residents during the day should they desire a snack or a cup of tea between meals.

### Menus

The menus are planned to provide a nutritious, well-balanced diet for elderly people. The main meal is served at noon and a lighter meal prepared for supper.

A sample menu is as follows:

#### Breakfast

Orange juice  
Cream of wheat  
Toast  
Marmalade  
Soft-boiled egg  
Coffee or tea

#### Dinner

Vegetable soup  
Roast beef with gravy  
and Yorkshire pudding  
Mashed potatoes  
Diced carrots  
Bread and butter  
Apple pie

### Supper

Cream of mushroom soup  
Macaroni and cheese  
Tossed salad with French dressing  
Bread and butter  
Peaches with sugar cookies

\* \* \*

The residents are also provided with refreshments before retiring at night.

Approximately 35 per cent of the residents require special diet therapy. These are primarily diabetic, low salt, gastric and reducing diets. Menus are made up for these residents which follow the main menu plan as closely as possible, with substitutions, additions and deletions where required.

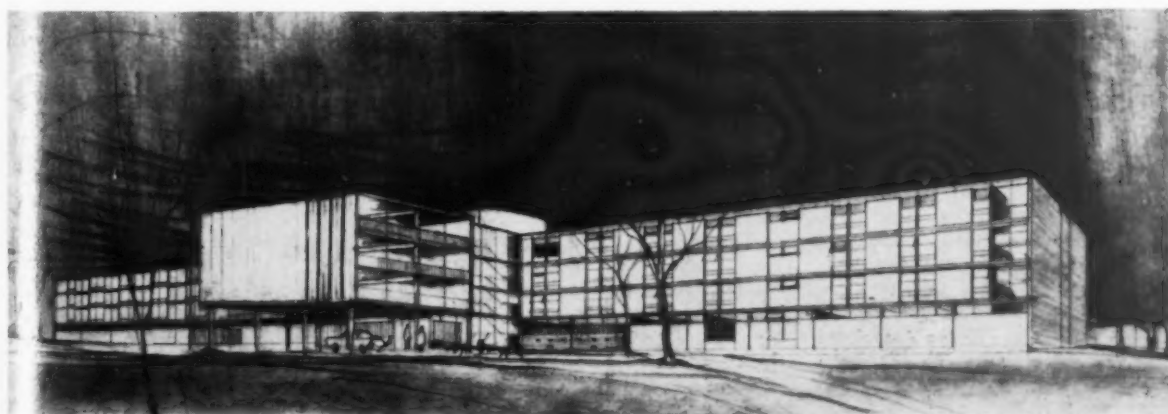
At the present time we have no selective menu. However, preferences are watched very carefully and should a resident indicate a dislike for a certain meat or vegetable, then a substitute is given to that resident whenever the disliked food is on the menu.

Several factors must be taken into consideration when planning meals for elderly people. Many of them do not have teeth and therefore require minced or very soft foods. Often, too, their taste buds have diminished in effectiveness over the years. Because of mental outlook, there are those who require constant coaxing and cajoling to be persuaded to eat, and so the meal must be appealing at all times.

We have found that our senior citizens prefer well-cooked, simple foods. They do not care for highly-spiced dishes, nor are they wont to try a dish with which they are not familiar.

Most of them have formed definite food patterns during their lifetime, and it has, at times, been difficult to change an individual's habits in order to provide him with an adequately balanced diet. ■

*The author is chief dietitian for the Department of Welfare and Housing, the municipality of Metropolitan Toronto.*







## Answers to an Aging Population

in Great Britain  
and Ireland

H. G. Hughes, F.R.A.I.C., A.R.I.B.A.  
Ottawa, Canada

**I**T has been said that by eliminating the illnesses of youth and middle age, we increase the problems of the aged. Certainly our life expectancy is gradually creeping up and some say that in the not too distant future, passing the century mark will not be uncommon. If this is so, all I can say is that the ladies, like Jack Benny, will be celebrating their 39th birthday a lot longer than their mothers did.

For many of us old age might well be included in the adage of death and taxes being the only certainties. Therefore, this phase of life should concern all of us if only for selfish motives. I hope, therefore, that you will not take umbrage if an architect describes his observations and perhaps some conclusions arrived at from fleeting visits to some geriatric units in Europe.

Perhaps the first comment that should be made is that because of our increasing life span there will be a continuing increase in the average age of patients being admitted to our general hospitals. My medical friends tell me that some of the major problems facing medicine today are those concerned with the diseases of degeneration as for all practical purposes the infectious diseases are nearly under control.

One would assume then that physicians are becoming more interested in diseases of the aged. But I am not sure that this is generally so in Canada, and for various reasons.

*From an address to the Associated Hospitals of Alberta, Oct. 1959. Mr. Hughes is Chief of the Hospital Design Division, Dept. of National Health and Welfare, Ottawa.*

First, the results of treating a long-term illness are not as gratifying as the more spectacular recoveries of those in the younger age groups; second, the mundane consideration of adequate compensation is not always commensurate for the time and effort often required in treating geriatrics; and finally perhaps the eccentric and neurotic elderly patient can be annoying and time-consuming to the busy physician and turn him from such a specialty.

In Great Britain the National Health Plan solved one problem, namely, adequate compensation for this particular branch of the medical profession. On the other hand, until quite recently all hospital building, other than emergency repairs, has had a very low priority in the program of national recovery. Therefore, with no additional beds for patients, existing facilities had to be used to the maximum for the greatest number. Particular effort was centered on the geriatric patient, to instigate treatment so that the patients, like any other group, could be rehabilitated to a point where they could return to society, if at all possible. What has already been accomplished in this field appears, to the layman, as most encouraging and heart-warming.

It was my good fortune to meet three authorities in Great Britain whose major interest was the care and treatment of the elderly. There are of course many others who are accomplishing a great deal in the field of long-term patient care, but unfortunately for me, time would

not permit a visit to these other centres.

Since 1908, when Lloyd George first introduced old age pensions, parliament has introduced many acts of legislation as a result of the increased focus on the problems of old age. Even in 1940, when Great Britain was fighting for her very existence, an act was introduced recognizing the principle that old age pensions should provide incomes on a subsistence level all this to be "in such a manner as may best promote the welfare of the pensioners."<sup>1</sup>

Then the Beveridge Report (1942), although mentioning the problem of aging as one of the utmost importance to social security, stressed the immense financial burden which the community must bear in making adequate provision for the aged. In a further report in 1948, Lord Beveridge points out that subsistence income alone will not satisfy the needs of old age and that welfare too requires attention.

There is also the Rowntree report of 1947 sponsored by the Nuffield Foundation, which has become a standard reference on the problems of aging. Under the same auspices, Sheldon, in 1948, made a comprehensive survey of old people living at home. The findings of this survey imply that the problems of old people, in the mass, are domestic rather than institutional, for 98 per cent of old people were living at home and only two per cent in hostels or public institutions. Due to physical or mental infirmity over seven per cent of old people were causing great strain

<sup>1</sup>Old Age and Widow's Pensions Act, 1940, Part II, Sec. 10 (4)

of the younger generation. In a further report (1950), Sheldon states "A purely caretaker policy of homes and institutions alone will not deal with the problems of the aged in modern society"—and he suggests three objectives:

To preserve the independence of old people for as long as possible.

To assist the family in the care of its aged dependents, without at the same time relieving it of the necessity of still taking an interest in the matter.

To ensure that all old people willing to contribute to the total national effort are enabled to do so.

#### Belfast City Hospital

Dr. G. F. Adams of the Belfast City Hospital believes that hospital geriatric departments with ancillary long-term-stay annexes, resident homes and home care services will do much to obtain the first two objectives and to confine hospital admissions to patients with medical, rather than social problems.

Prior to the development of these facilities, elderly indigent patients were placed in what was known as Poor Law Institutions. The name was not inspiring and neither were some of the facilities, as described to me. One such institution contained a number of large wards after the Florence Nightingale plan, and because of lack of staff and treatment patients were usually bedfast until they died. With discharges being only of the "feet first" variety, the wards quickly became overcrowded, with more and more beds being pushed into them until they were in rows only a few feet apart. Dishes and cutlery were not sufficient and there were only enough to serve one-third of the patients at any one time. Dishes were "dunked" in a tub between courses to permit feeding the next group. One wonders, with trepidation, what the water was like for those who came last. Windows were far apart; paint was of the bottle green institutional variety; rats were not uncommon; and, with a large proportion of the patients being incontinent, one can imagine the depressing atmosphere.

Having described what appears to be a rather hopeless situation, I attempt to show how a gradual transformation was achieved in a hospital which had a very similar condition to contend with. I refer to the Belfast City Hospital Geriatric Section, known as Wake-

hurst House. Dr. G. F. Adams is in charge of this unit. His story, like others in Britain, shows what can be done when intensive active treatment of the geriatric patient is attacked with courage, vision, tact and understanding.

When Dr. Adams first took over the unit there were some 500 patients crowded into large, miserable wards, where all that was possible was the practice of custodial nihilism, and even this was not done with any great show of efficiency. His first step was the segregation of those for whom the dominant factors in their illness were social, not medical. These he returned to the community whenever and wherever conditions permitted. Where remedial treatment was indicated and where suitable space was unavailable, re-learning exercises were started for the patients, even if this meant using their own beds. But perhaps the most important point was an agreement with the Hospitals Authority that for every two patients which he returned to society he be permitted to remove one bed. Soon he had sufficient space to get many patients up and to instigate physical therapy on the wards in an efficient manner. The progression continued until he had reduced the patient load to a point where it was possible to consider the renovation of a ward. His success in this regard was delayed, however, when the Fire Marshall, that gadfly on the conscience of all who work in antiquated buildings, condemned a ward on the third floor as unfit for patient accommodation. However, perseverance continued the process of bed reduction until, once again, it was possible to consider renovating the wards. It is this work and the reasons for the change that are of interest and help us in analysing our own needs in this field.

The first and probably the most expensive item was the doubling of the number of windows in these wards. Fresh air and sunlight are important. We know that good light is necessary for elderly people whose eyesight may be impaired. This applies to artificial lighting of the rooms as well, and particularly to bedside lighting, as reading is one of the greatest joys to some elderly people. It is also important for patients to be able to see out and down from windows when either in bed or in wheelchairs. I know of one of our hospitals for the chronically ill where windows are so high that this is not possible except for one window

at the end of each corridor, and it is pathetic to see patients in wheelchairs crowded around this window trying to satisfy their need to know what is going on in the world outside. Many windows in overseas hospitals were seen with sills six inches from the floor, plus a protective bar across them which allowed patients to look down onto gardens or adjacent streets. If high window sills are already a part of the structure, then periscopes would be a practical solution particularly for those who may be bedfast.

If a large ward is divided by partitions, then more space becomes available, as beds can be placed parallel to the exterior walls, with bed heads against the partitions. It was considered most important that the nurse should be able to see her patients, because old people are liable to become confused and try to climb out of bed, with accidents resulting and, therefore, these partitions are glazed.

As a considerable amount of physiotherapy is carried out on the wards, a generous space is made available for this work, and parallel bars formed in a "U" are located here, permitting a number of patients to use them at one time without interfering with each other. Beds are generously spaced about six feet apart, so that wheelchairs can be kept beside them and exercises carried on around them.

I was struck by the resemblance these renovated wards had to our concept of a paediatric ward, principally because of the need of staff to have continuous observation over the patients. To carry this thought a little further, we find patients in our general hospitals segregated by specialties such as medical, surgical, obstetrical, et cetera, and then we add paediatrics, which is a segregation by age, but we do not find a segregation by age at the other end of the scale nearly so common. Can it be because we have many more paediatricians than we have geriatricians, or is it because the elderly patient requires a longer stay in hospital, resulting in a need for more beds with often a lack of facilities to discharge those patients who have been rehabilitated, thereby causing bottlenecks in the flow of patients through the units?

It might be of interest to see the flow of elderly patients through the geriatric unit of the Belfast City Hospital. With an average admission of 650 patients per year

(continued on page 72)

## Alternatives to Hospital Care

**T**HERE is no one solution to the problem of relieving the pressures upon hospitals. But, it seems obvious, that there are certain alternative types of care which can provide the necessary services to persons who would otherwise occupy active treatment beds. Many patients would require shorter periods of hospital care if the other existing facilities were developed and used to better advantage. At present, we have a variety of services which lend considerable support towards relieving the demand for hospital beds, as well as for hospital care and treatment. Each of these is being heavily subsidized by the province. With the exception of the charitable institutions for elderly persons, these services are administered by local municipalities.

### Home-making and Nursing Services

The use of a capable homemaker to maintain the household and the family as a unit can be far-reaching in eliminating the necessity for hospital care. It frequently happens that a mother beset by illness could remain in her own home with her family with the help of a homemaker. Under the provisions of the Homemakers and Nurses Services Act, qualified homemakers carry out necessary household duties, give practical nursing care to the mother and look after her children during the daytime hours.

This is also true for many elderly persons who require a measure of help for temporary periods. In many instances, the preparation of a meal, the tidying up of the premises and occasional shopping services are all that are required. In this way, many of our older citizens are able to remain at home rather than having to be cared for in hospitals or in other institutions. If adequate nursing care is also provided in

**L. Earl Ludlow,  
Toronto, Ontario.**

the home many convalescent and chronically ill persons could be discharged from hospital.

The Victorian Order of Nurses at this time is serving approximately half the population of Ontario. Through local branches, this Order, as well as other nursing service organizations, can be used by municipalities to give home nursing care to many of their cases. An arrangement of this kind is provided for under the Homemakers and Nurses Services Act. In some counties and districts, where nursing care organizations are not available, the municipality may employ nurses directly to provide the necessary services, or make an arrangement on a fee-for-service basis with a private nurse. Arrangements could also be made to use the services of nurses already in the employ of county health units or municipal departments of health.

Nursing care provided to persons in their own homes generally includes such services as injections, medications, dressings, bathing, as well as the giving of instructions in home nursing care to speed the recovery of the patient. Elderly persons, in particular, can benefit greatly from home nursing care; but there are also many cases involving families where the regular visits of a nurse to the mother, or other member of the household who may be ill, may prevent the need for admission to a hospital. It will be recognized that the medical profession and hospital authorities will have to collaborate closely with the responsible municipal officials towards making this program a success.

The costs of homemaking and nursing services vary throughout the province. Those who use these services are expected to pay the fees applying in their area insofar as they are able. Where persons are unable to pay the fees charged, either in whole or in

part, they may apply to their local municipality to have the fees paid for them. The province, in turn, will reimburse municipalities to the extent of 50 per cent of their expenditures in providing these services. The maximum fees for which the province will contribute are \$8.00 a day for the services of a homemaker and \$2.50 for each visit of a nurse.

### Nursing Homes

In Ontario, there are many privately operated nursing homes with a considerable variance in the type and quality of the services rendered. In the main, however, they provide care for chronically ill persons, mostly in the older age groups. Many of these persons suffer from the debilitating effects of old age, arteriosclerosis, arthritis and the like. Others are terminal cases requiring some measure of constant nursing attention. Very little purpose can be served by placing them in hospitals—or in leaving such persons in hospital—because they are not amenable to the treatment.

Commencing April 1st, 1958, provision was made in the Regulations under the General Welfare Assistance Act (formerly the Unemployment Relief Act) for the province to share with municipalities in nursing home care for needy persons. The province contributes 80 per cent of the cost of such care up to a maximum of \$80 monthly. To qualify for this provincial subsidy, the municipality is required to license the nursing home, in which the needy person is placed, under a municipal by-law. The provincial Regulations set forth the minimum standards of care and services which are to be written into the by-law and which are to be observed by the nursing home in order to be licensed or to have the license renewed yearly.

For provincial sharing purposes, we are only concerned with those nursing homes in which the municipality places a person and seek a reimbursement from the province for the cost of his care. This

*The author is the Director, Homes for the Aged, Department of Public Welfare (Ontario). From a paper given at the Ontario Hospital Association Convention in Toronto, October, 1959.*



would involve a limited number of nursing homes when related to the unknown but probably very large number throughout the province. It is evident, of course, that where a municipality passes a by-law to license nursing homes, the by-law would have to be applied to all such establishments within the boundaries of the municipality. In this way, then, it is likely that the standards of nursing home care will be improved generally, although the primary goal in this program is to provide for provincial sharing in the municipal expenditures for nursing home care.

A great many municipalities are participating in this program and have passed approved by-laws to license their nursing homes. It should be noted that, previously, the municipality bore the total cost of nursing home care. In most instances, the homes which they used were unlicensed and not subject to required minimum standards of care and service.

#### Public Homes for the Aged

Elderly persons require a much greater proportion of medical services than the population as a whole. The expansion in the homes for the aged program in recent years has taken this factor into account and has been primarily directed towards the establishment of facilities to accommodate chronic cases requiring full or part-time bed care. In a modern home for the aged, residents are segregated into three types of care: full or partial bed care for the chronically ill and disabled; special care for those suffering from the effects of senility; and residential care—including accommodation for married couples—for those who are able to be up and about.

There has been a marked increase in the number of aged persons who qualify for care in a home for the aged and no longer require the specialized services of a hospital. Conversely, there remains a very large number of patients in hospitals who could be readily transferred to homes for the aged, if space were available. Municipalities are conscious of this progressive way to relieve the pressure upon hospitals and are increasing bed care facilities in their homes for the aged. Until 10 years ago, beds in these homes were only made available to ambulatory persons. Today, over 30

per cent of all beds in our public homes for the aged are occupied by bed care cases. Many older persons requiring constant care and attention spend their remaining years in the bright, cheerful and hopeful atmosphere of a home rather than in a hospital setting.

The recent experience of the Kenora Home for the Aged can be duplicated in almost every other place. The hospitals in that area were able to transfer twenty "permanent" patients of five or six years' duration to the new Home. All twenty had been totally confined to bed. Within a month or so of their admission to the Home for the Aged, it was found that at least ten of these persons were able to leave their beds and to participate in the normal activities and program of the Home.

The attention required by the elderly persons suffering from senility is one of the most serious problems in the care of the aged. The experience of the Ontario Hospitals points to an ever increasing number of patients who are suffering from the degenerative diseases of old age. If the present trend continues, it is con-

ceivable that the number of persons requiring this specialized type of care will increase four-fold within the next ten years. At the end of September 1959, 56.2 per cent of the residents in municipally operated homes for the aged were in bed care and special care. Metropolitan Toronto recently constructed the Greenacres Home for the Aged at Newmarket specifically to serve cases of this type. (See *Canadian Hospital*, June 1958, page 49.) Some 500 persons obtain all possible care in this home. The capital cost, including land, buildings, furniture and equipment was less than \$5,000 per bed and maintenance costs average about \$5.00 per day.

Public homes for the aged are operated under the Homes for the Aged Act. Almost \$30,000,000 has been spent since 1949 in constructing new homes. These capital costs are shared equally between the province and the municipalities. At present, the cost per bed is approximately \$6,000. Operating and maintenance costs are also shared by the province on a 70 per cent provincial and

(concluded on page 96)



Award at Quebec Meeting

A pleasant feature of the Quebec Hospital Association Meeting (see page 48) was the presentation of the Robert Woods Johnson Award. Each year Johnson and Johnson Ltd. make an award to the member of the graduating class in hospital administration who shows the most promise for a continuing contribution to the field, both at the University of Toronto and at the University of Montreal. The recipient this year in Montreal was Dr. Gilbert Blain, now assistant medical director, Hôpital Notre Dame, Montreal. The president of Johnson and Johnson Ltd., John Macdonald, made the presentation to the Rector of the University of Montreal, Msgr. Irénée Lussier, who in turn presented the award to Dr. Blain.

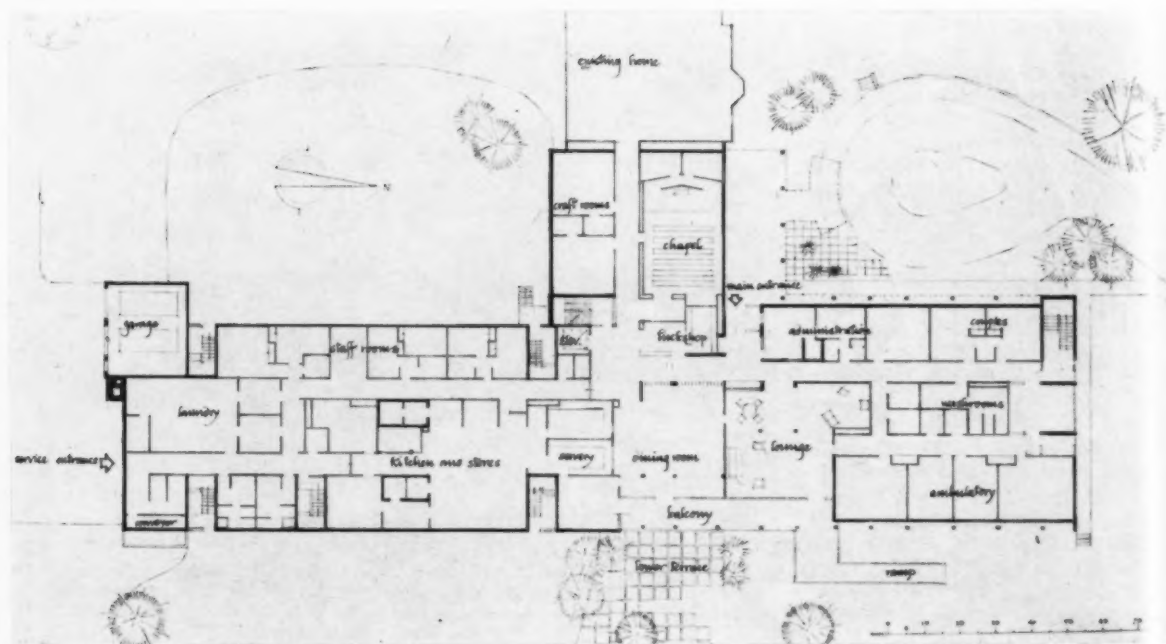


## BRUCE COUNTY HOME FOR THE AGED

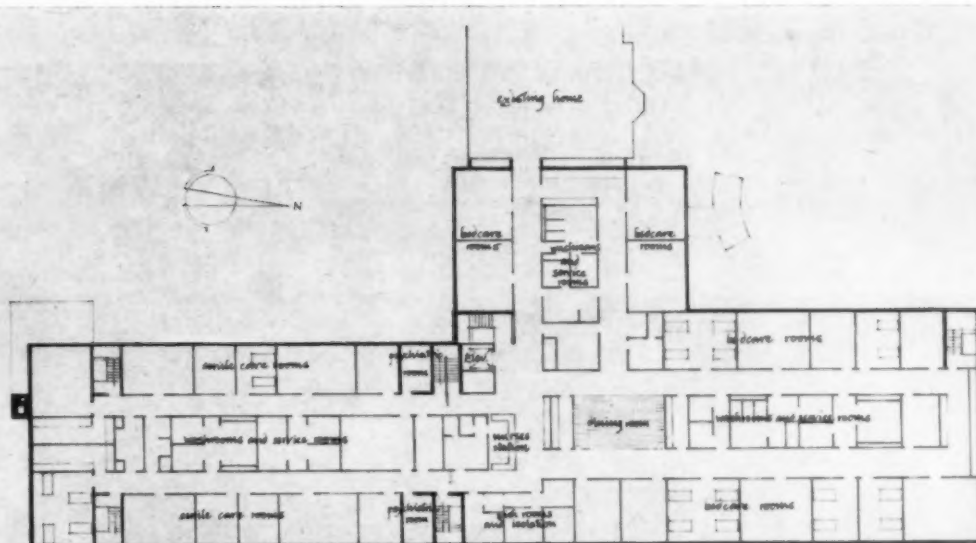


Maurice D. Klein  
*architect.*

A. W. Cluff & P. J. Cluff  
*associate architects.*



*ground floor plan*



first floor plan

**T**HIS building is designed as an addition and is attached to the south side of the existing Home for the Aged at Walkerton, Ontario. The two buildings are connected and can be used in conjunction with one another.

Due to the age, nature of the construction and the risk of fire, it is anticipated that the remaining life of the existing building will be comparatively short, and the addition has been designed to allow the existing home to be removed and replaced at some future date with a new wing.

The existing home is a brick structure with wood joist construction and has a basement and two storeys above grade. It is approximately 50 years old and in fair condition. This type of construction is a very definite fire hazard for an old age home and this, as well as the need for extensive remodeling are the major reasons why this building must be eventually removed. Generally, the home does not accord with the requirements of the Department of Welfare and this has been recorded in the various inspectors' reports over the past few years.

With the growing need of care for the aged, particularly bed care, too much money would need to be spent on modernizing and re-planning the existing home to meet present-day requirements. It is planned, therefore, that the existing home be left as it is for the

#### A. W. Cluff, Toronto, Ontario

possible occasional use and removed eventually to make way for the new wing.

The building will provide a home for old people of Bruce County with nursing care for a high proportion of the residents. Current thinking takes into consideration the principle that older people, even those handicapped and in need of nursing care, can and should lead active lives — lives in which interests are stimulated and maintained.

The home has been designed for three types of patients: The "special care" or senile patient for whom a special degree of supervision is required, the "bed care" patient who requires some degree of assistance and is not capable of moving around without assistance, and the "ambulatory" or normal care patient who is fairly independent and can move around without assistance.

#### Site and Plan

The existing site is extremely attractive and is situated on a high point of land. The circular drive and rear service road have been retained, together with the existing trees wherever possible. The new area will be pleasantly landscaped bearing in mind the need for minimum maintenance.

The building is designed with two floors and a partial basement.

The upper floor is composed of bed-care and special care rooms, together with the necessary ancillary accommodation.

The ground floor contains the lounge, dining room, kitchen, laundry, chapel, craft room, and offices, together with some ambulatory bedrooms.

The boiler room, maintenance and storerooms are in the basement, and the only rooms used by the patients are the assembly room and the games room. These are directly accessible from the elevator and the grade has been adjusted to form a pleasant sitting area and to give full height windows in these rooms.

The plan in the shape of a "T" with the elevator and main stair at the junction, enables one nurse to be on duty and yet be able to supervise all bed care and special care patients. The ambulatory patients, who are on the ground floor for easy access to the main rooms and the outside, do not require a nurse to be on duty.

In the basement there is adequate room for storage of furniture, trunks, bulk supplies of food and all the miscellaneous items required, including a workshop and paint store. There is also an assembly room which is big enough for the residents and friends or family for special occasions, films, etc., and another room which can be used for suitable indoor games.

### First Floor

The main entrance is at the junction of the two blocks forming the "T" and to the south of the existing building. Adjacent to the entrance is the general office, superintendent's office, and board room, in order that these can adequately control the main entrance. The remainder of this wing is composed of ambulatory rooms and two rooms for married couples.

The lounge and dining room are directly ahead of the main entrance and open onto a terrace which leads to the gardens. Staff rooms and lounge are on one side of the remainder of the block with the kitchen, laundry, kitchen storage and loading dock.

The three floors are joined with an elevator to facilitate easy access between floors for the old people as well as the staff.

The chapel, craftsrooms, and tuckshop have been placed in the link to the old buildings to be at the centre of the building. The chapel is small and non-denominational and will be used for services and also as a quiet room where the old people can sit and meditate.

The craftsrooms will be used for sewing, mending, carpentry, rug making and other handicrafts which are designed to keep the old people active and usefully employed.

### Second Floor

The elevator and stair are located at the centre of the "T" with the

nurses' station nearby. The nurse on duty can keep an eye on all wards and has the minimum distance to travel.

Each ward has a small kitchen and dining room for serving meals, washrooms, utility and linen rooms with locker space for the residents' possessions. The bedcare residents are arranged with either two or four people in each room.

Each has a bed, small dresser, chair and a small locker built into the partition to store day to day clothes.

The senile residents are similarly arranged with the addition of sitting rooms, one for men and one for women, as these do not normally use the main lounge.

There is a small sick bay for isolating old people who are ill and a special quiet room near the nurse for use at the end. These rooms have been located off the main circulation to give privacy and quiet.

There are bed care rooms in the

junction with the old home and this wing will eventually be extended when the old home is removed. Beneath this extension on the ground floor will be ambulatory care rooms.

The proposed home is in keeping with the good standards of similar homes being built throughout Ontario. Wherever possible labour-saving devices are incorporated to keep the number of staff, and therefore cost of running the homes, to a minimum.

The old people will be well cared for in comfortable and congenial surroundings and every attempt will be made to make their declining years happy and enjoyable.

The design has been prepared by the architects after considerable consultation with the Department of Welfare, and is the result of careful consideration of these various requirements as well as the particular requirements dictated by the existing building and the site.

### Number of Residents:

	Residents in the New Wing	Residents in completed Home when Old Home is Removed
Bedcare .....	48	82
Special Care, including Psychiatric Rooms .....	28	28
Ambulatory Care, including Couples ..	16	40
Staff .....	6	6
Sick Bay .....	4	4
Quiet Room .....	1	1
	103	161



### Winning Hospital Curling Team at Shawinigan Falls, Quebec.

The Witherspoon Bonspiel is an annual competition, restricted to teams from industry and business. Local plants of Dupont of Canada, Canadian Industries, Shawinigan Water and Power, and others, enter teams as do the business firms and groups such as insurance agents, bankers, et cetera.

The hospital always takes an active interest in community affairs and activities—besides we like curling and so we entered a team for the first time. With some luck and a good skip we were able to win (and in some cases just win) all our games to take the cup.

The members of the team were Dr. G. Crutchfield, Dental Staff, skip; Dr. O. Chabot, third; Dr. G. Kaine, Chief of Staff, second; W. A. Kertland, Administrator, lead.

The rumour that the doctors in the hospital team were deliberately offering free medical advice to the opposition while on the ice, and warning them that if they swept too hard they might have an attack of some kind or other so that by the fourth they wouldn't be able to stay on the broom, is completely false. It is just a coincidence that the members of the other teams happened to have so many physical ailments, and the doctors were rendering a public service to their fellow curlers.

W. A. Kertland, Administrator  
Joyce Memorial Hospital,

## Rapport du président pour l'exercice 1959-1960

# L'Association des Hôpitaux du Québec

J'ai bien l'honneur de soumettre à votre attention le rapport des activités générales de notre Association pour l'exercice 1959-1960.

Le Comité exécutif a tenu sept réunions au cours de l'année précédente. Malgré leurs nombreuses occupations individuelles, dûes aux charges importantes qu'ils doivent remplir, vos officiers se sont fait un devoir d'être toujours présents et de discuter à chaque assemblée et durant cinq à six heures d'affilée, les problèmes d'intérêt général.

À deux reprises, votre président a dû convoquer, à Montréal, deux assemblées du Conseil d'administration.

Je dois souligner le zèle avec lequel tous les membres ont répondu à mes appels, convaincus qu'ils sont de l'importance et du rôle prépondérant que nous jouons.

Au cours de l'année, nous avons nommé plusieurs comités. Tout d'abord, le Comité Consultatif sur les Problèmes Hospitaliers, composé de la Révérende Mère Dorais des Soeurs Grises de Montréal, de monsieur Gérard Brais et de monsieur Paul Shannon. En maintes occasions ces trois fidèles collaborateurs se sont réunis pour discuter des principes de base, qui pourront paver la voie dans la standardisation des comptabilités hospitalières pour notre Province. Ils ont accompli beaucoup de travail, et les nombreuses consultations qui leur ont été demandées par nos membres et par plusieurs autres institutions qui ne font pas partie de notre groupe, témoignent de l'intérêt suscité par leurs recherches et la pratique de leurs procédures.

### Comité d'Education

Le Comité d'éducation composé de la Rév. Mère Jeanne Mance, assistante directrice à l'Institut Supérieur d'administration hospitalière de l'Université de Mont-

*Le Docteur Bourgeois est Président de l'Association des Hôpitaux du Québec et Directeur de l'Hôpital Notre Dame à Montréal.*

**Paul Bourgeois, M.D., F.R.C.S.(C)**  
Montréal, P.Q.

réal, du Dr. Robert F. Ingram, de M. J. M. Partlo et de M. Albert Nantel, a également joué un rôle prépondérant dans l'élaboration de programmes qui seront exécutés d'ici très peu de temps et qui, en plus de renseigner le public, s'efforceront d'organiser des cours complémentaires pour le personnel hospitalier à tous les échelons.

### Comité Conjoint d'Education en Nursing

Le Comité conjoint d'éducation en Nursing, composé du Dr W. M. Storrar, de M. Kenneth M. Nicholson, de Sr Mary Mélanie, de Sr Mance Décary, de Mlle Helen Lamont et de Mlle Suzanne Giroux, à la suite de plusieurs entrevues, a commencé à préparer des statistiques importantes pour justifier auprès du Gouvernement Provincial, des octrois nécessaires en rapport avec le coût onéreux de l'enseignement et du maintien de nos écoles d'infirmières.

Tous ces comités ont fonctionné régulièrement et nous espérons, dans des lettres mensuelles, vous faire parvenir leurs rapports qui seront des plus intéressants.

Pour la réussite du Congrès Annuel, il est absolument nécessaire de diviser les tâches. C'est pourquoi, votre exécutif a confié à deux de ses officiers les charges les plus ingrates en nommant le Docteur Gérald LaSalle, président du comité du programme et de M. A.H. Westbury, président du comité de l'exposition.

### Comité du Programme

Le Docteur Gérald LaSalle, directeur général de notre Association s'est adjoint pour l'aider dans l'élaboration du magnifique programme que vous avez en mains, Madame Yolande Taylor, le Docteur Gilbert Blain et le Docteur Storrar.

Devant le succès remporté par

le docteur Gilbert Turner l'an dernier, votre président lui a demandé de bien vouloir agir comme consultant vis-à-vis ce comité du programme.

### Comité de l'Exposition

Monsieur A. H. Westbury, trésorier de l'Association, s'est adjoint pour l'aider pour la mise sur pied de la magnifique exposition que vous avez déjà commencée à visiter, M. Lucien Lacoste, M. Ray Clark et monsieur Duhamel.

Je crois que ces deux comités qui ont travaillé ferme dans le meilleur esprit de collaboration possible, sont les grands responsables du merveilleux résultat que nous avons obtenu.

En votre nom, je leur adresse nos plus sincères remerciements.

### Pharmaciens d'Hôpitaux

Depuis plusieurs années, les hôpitaux constatent avec anxiété, que le nombre des pharmaciens, qui veulent se destiner à jouer un rôle prépondérant dans l'organisation d'un hôpital, diminue de plus en plus. Jusqu'à maintenant, les choses se sont arrangées mais il est évident que le poste de pharmacien d'hôpital demande une préparation peut être un peu spéciale et le Collège des Pharmaciens de la Province de Québec a été saisi de nos problèmes.

Le Comité exécutif a chargé l'un de ses membres, Monsieur Charpentier de Sherbrooke, pharmacien de carrière et administrateur d'hôpital, de témoigner aux membres de son Collège l'assurance de notre plus entière collaboration.

Monsieur Charpentier a conduit une enquête des plus intéressante dans tous les hôpitaux qui sont membres de notre Association et le rapport que nous avons reçu à l'Exécutif nous a incité à lui demander, malgré le travail considérable qu'elle comportait, la tâche d'adresser le même questionnaire à tous les hôpitaux de la Province de Québec.

*(continued on page 90)*





## QUEBEC HOSPITAL ASSOCIATION

second annual meeting

total registration: 1710

**W**ITH "Unity" as its motto and "Hospital responsibilities for better patient care" as its general theme, the second annual meeting of the Quebec Hospital Association (L'Association des Hôpitaux du Québec) attracted the large attendance noted above. The meeting was held in the Queen Elizabeth Hotel, Montreal, February 23 to 26. Convention space in this new hotel probably excels that in any other Canadian city, particularly as the exhibit area surrounds the meeting rooms on three sides.

The program committee was under the capable chairmanship of Dr. Gérald LaSalle, who is also executive director of the association. This year the committee decided not to run a series of meetings for specialized groups simultaneously, as was done very successfully during certain periods last year. Instead each session was designed to appeal to hospital people generally and a great proportion of time was devoted to panel discussions and question and answer periods, formal presentations being comparatively brief. Speakers addressed the gathering in either French or English and there was excellent simultaneous translation. Each person was pro-

by Jessie Fraser

vided with a small transistor unit which had dainty light-weight headphones—a vast improvement over earlier systems.

During the mornings and again in the afternoons, generous one-hour periods were kept free for visiting the exhibits. Delegates could thus relax as they browsed among the attractive displays. Booths numbered up to 100, and some 300 personnel were registered. For the excellent arrangement of the various wares and the large number of companies represented, much credit must go to A. H. Westbury of the Montreal General Hospital who was chairman of the exhibition committee.

Just prior to this meeting the Minister of Health for the province of Quebec, Dr. Arthur Leclerc had announced that a hospital insurance scheme would be inaugurated within the year. For this reason, among others, the president of the association, Dr. Paul Bourgeois, stated in his opening address that 1960 would be "a crucial year for all the hospitals in the province of Quebec." He was able to assure his listeners that in planning the

insurance scheme, government officials proposed to work closely with hospital authorities; and he took this opportunity to offer to the Hon. Minister of Health every possible assistance on the part of the Quebec Hospital Association. As he did last year, Dr. Bourgeois pointed out that the problem of finance is the greatest one facing the hospitals in Quebec. It is an important function of the association, he said, to keep on drawing to the attention of legislators the fact that the Quebec Public Charities Act is totally out-dated and inadequate to cover the cost of care for indigent patients.

Dr. Bourgeois expressed satisfaction with the growth of the association during the past year, its aim being eventually to unite all hospitals of the province in one effective organization. He was pleased to note that already the association had been successful in stimulating public interest in "everything concerning hospitals" and also in impressing upon the public consciousness the fact that all care received in hospitals must be paid for. He expressed himself as pleased with the work of the accounting and consulting committee and found the progress made by



*Members of the Executive Committee of the Quebec Hospital Association: left to right, Dr. J. Gilbert Turner, vice-president; Marcel Piché, past president; Dr. Paul Bourgeois, president; Jacques Bouchard, treasurer; Albert Nantel and Dr. C. A. Roberts.*



Left to right: Sister St. Jean de la Lande, F.C.S.P.; purchasing agent, St-Jean de Dieu Hospital, Montreal; and Sister Aline Côté, S.G.M., purchasing officer, Saint-Jean Hospital, St. Jean, Quebec.

the committee on education most gratifying. Dr. Bourgeois emphasized that there must be an active exchange of information and consultations between personnel of all hospitals in the province if these institutions are to achieve their common goal, better care for all patients.

#### Common Problems

At an early session when a panel of speakers discussed pressing problems in the hospital of today, Dr. Harvey Agnew, professor of hospital administration at the University of Toronto, led off. On the subject of utilization of hospital facilities, Dr. Agnew remarked that the 40-hour week has been a factor in creating weekly peaks of heavy work load, especially in surgery and diagnostic procedures. Hospital facilities are too costly to lie idle part of the time, he said, and the trend must be back toward keeping all essential services open 24 hours a day. He admitted that more staff would be required and that herein lay the real problem. Concerning that hackneyed worry, "excessive utilization" of hospital beds, Dr. Agnew said the only effective solution is to see that the medical staff polices itself. In the matter of budgeting, the speaker quoted from the *Canadian Hospital Accounting Manual* to the effect that "departmental supervisors should be encouraged to provide details which support their estimates . . . This practice in the preparation of the budget results in a critical examination of expenses and may suggest means of improvement and control." Dr. Agnew commented that many small hospitals, now preparing a proper budget for the first time, are more conscious than ever before.

Touching upon the need for improved administrative control, the speaker said: "It is a good admin-



Above: left to right, Sister Eugénie Allard and Sister L. Proulx, Hôtel-Dieu, Amos, Quebec; Sister Rose Alma Dubois and Sister A. Manseau, Hôpital du Christ-Roi, Nicolet, Quebec; and Sister A. Côté, Hôtel-Dieu, Amos.

Below: left to right, Sister Alexandre Marie, Superior, Hôpital Saint-Sauveur, Val d'Or; Sister Noémie de Montfort, assistant administrator, Hôpital Ste-Justine, Montreal; Sister Valerie de la Sagesse, Superior, Provincial House, Montreal; and Sister Théodore, Hôpital Saint-Sauveur, Val d'Or, Quebec.



Left to right: Sister Marie du St Sacrement, Hôtel Dieu de Québec; Lionel Cantin, Manager, Ste. Foy Veterans' Hospital, Quebec; Sister Marie Réparatrice, Hôtel Dieu de Québec.

istrator who can delegate authority and leave himself enough time each day to give thought to what the hospital should be doing for the community; but he must maintain his communications and always be in a position to pick up the reins when necessary."

On the subject of medical staff relations, Dr. Agnew said the wise administrator would refer as many problems as possible to that group

for decision. If this sometimes causes delays, it usually achieves co-operation, which is better than taking direct action and getting no co-operation. With respect to the scope of a hospital's activities, he recommended some form of regionalization, preferably planned and developed by the hospitals themselves.

These problems and others raised from the floor were then discussed



Above: left, Sister Boulogne, Superior, L'Aide aux vieux couples, Montreal; right, Mother Jacquemont (Province of Canada), Superior, Hôpital Ste-Catherine Labouré, Coaticook, Quebec.

Below: Sister Mary Ruth, SCIC, administrator, St. Joseph's Hospital, Saint John, N.B.; and Jessie Fraser, assistant editor, "Canadian Hospital", Toronto.

by the panel which included: Professor Guy Archambault, University of Montreal; Dr. J. P. LaPlante, Hôpital St-Luc, Montreal; Albert Nantel, Hôpital Ste-Jeanne d'Arc, Montreal; and Professor W. H. Pugsley, McGill University.

#### Interdepartmental Relationships

This topic was introduced by Prof. Norbert Lacoste of the Department of Sociology, University of Montreal. The speaker warned listeners about the danger of "collective animosity" developing in any institution. Such a situation could arise, he said, through lack of effective communication among staff at all levels and led, of course, to poor public relations, to say nothing of decreased efficiency in general. He then called upon speakers representing four key divisions of the hospital: administration, medical staff, nursing, and dietetics, who expressed their views on the subject of communications.

Rev. Sister T. Trottier, administrator of Hôtel Dieu de Saint-Jérôme, emphasized that while hospital organization is very complex, lines of authority must be clear and understandable to all. Since in the larger hospital it is not possible for all the staff to know one another, she said, it is especially important to build up confidence in supervisors, and among employees, both vertically and horizontally. She emphasized that all instructions must be given in very precise language because differences in the levels of education among employees sometimes makes communication difficult. Sister Trottier favours oral instruction because it promotes questions and stimulates interest. Written orders may not be read.

The speaker also advocated meetings where employees might make suggestions and receive instruction, as well as conferences at supervisory and administrative levels.

Dr. Camille Laurin of Albert Prévost Institute, Montreal, suggested the use of group psychology in order to keep a balance between tender loving care and efficiency on the part of the staff. If the emphasis is all on techniques, the patient as a person is forgotten, he warned, and the hospital tends to become a plant. He also pointed out that staff tensions are reflected on the patients, delaying recovery. Physicians should have freedom within the hospital and be respected by all. But, he added, every physician should understand the administrative structure of the hospital and co-operate with administrative and nursing authorities. Each should examine his own reactions constantly, he said. Like Sister Trottier, Dr. Laurin also emphasized the importance of staff meetings at all levels. The team spirit, he said is *sine qua non*.

Speaking for the nursing profession, Geneva Purcell of Royal Victoria Hospital drew a brief word picture of the nursing concept as it was only a few years ago, in contrast with what is expected of the nurse today. Nursing, she said, has endeavoured to incorporate the best of what is traditional with the newer emphasis on technical functions and the scientific knowledge now required. This includes an intelligent understanding of human behaviour and the nursing methods "most likely to achieve a desirable result in terms of the patient and his family."

With so many other departments

now involved in the care of the patient, his or her relationship with the nurse remains the closest, Miss Purcell insisted. The patient's need is for security and the head nurse must co-ordinate the efforts of all others; she must become the intermediary between each department and the patient. She must have wide knowledge of the aims and purposes of each member of the team serving the patient. There must be no breakdown, she warned, between the allied professional groups and the one way to prevent this is through educational programs involving all departments. Effort must constantly be made, said Miss Purcell, to synthesize all fragments of care for the patient if a good result is to be achieved.

Jeanette Albert of St. Mary's Hospital in Montreal spoke of dietetics as a comparatively new profession and one which is not fully understood by many hospital people. She feared that some doctors and some nurses still look upon the dietitian as an intruder on the team. The patient is apt to think of the dietitian as another nurse who cooks his meals, she said. Miss Albert suggested that nurses can help by handling complaints about food tactfully; and by trying to convince the patient that the diet prescribed by the doctor and prepared by the dietary department is just what he needs for quick recovery. Tray time should be a big moment in the patient's day, she said, and appealed to medical staff to time their rounds so that no trays are left to cool off because a doctor is with the patient.

The speaker was concerned also because, with so few dietitians engaged in most hospitals, there is very little time for any member of the group to visit with patients. She feels it is most important for a dietitian to be able to learn the dietary habits of a patient and plan not only to meet his medical dietary needs but to explain the doctor's orders and try to improve the patient's food habits through a little informal education. Teaching, Miss Albert emphasized, is so much more effective than telling. She urged that the best care could be given the patient only by means of a co-ordinated nurse-dietitian-doctor team.

All this led to lively discussion which revealed the keen interest aroused among the large audience.

#### Purchasing

C. H. Shaw, assistant director of Montreal Children's Hospital,

(continued on page 98)



# LEUKOPLAST

THE HOSPITAL TAPE  
WITH THAT FINE  
LINEN TEXTURE

Strong - High Tensile

Non-Absorbent

Easy Storage In

Convenient and Economical

Available in all Standard Widths

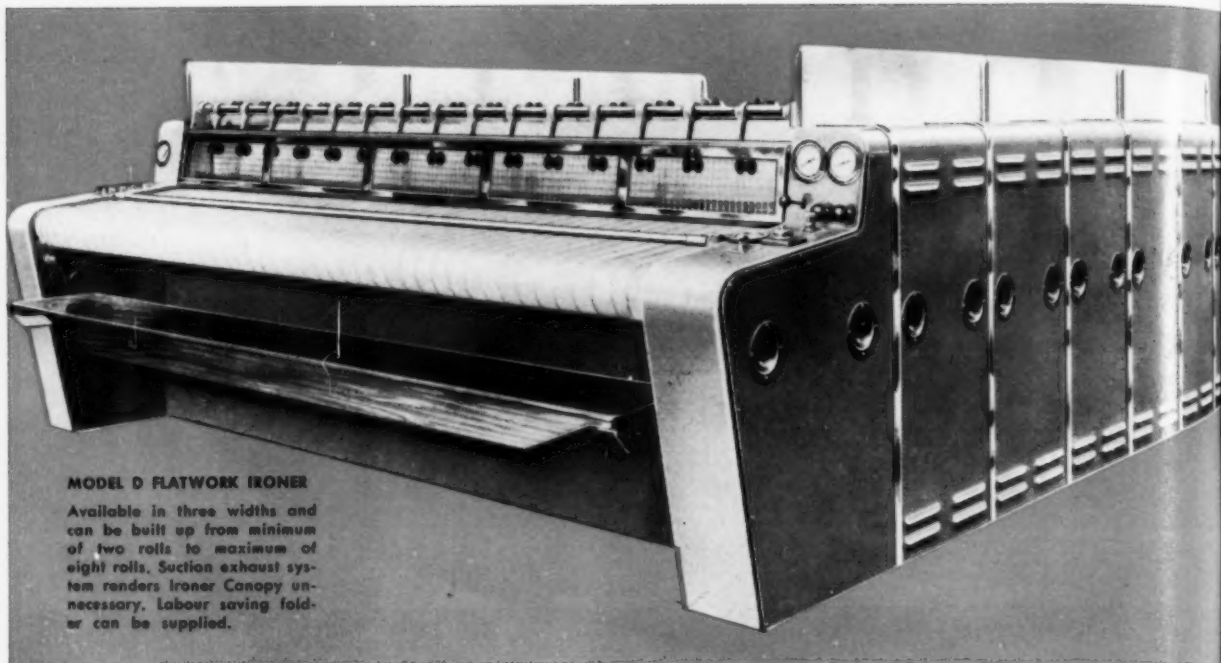
White or Flesh Colour



SYMBOL OF QUALITY

TORONTO	THE
HALIFAX	J.F. HARTZ
MONTREAL	COMPANY LIMITED
HAMILTON	
WINNIPEG	CAMPBELL & HYMAN
	LIMITED
CALGARY	STANDARD SURGICAL
VANCOUVER	SUPPLY LIMITED





#### MODEL D FLATWORK IRONER

Available in three widths and can be built up from minimum of two rolls to maximum of eight rolls. Suction exhaust system renders Ironer Canopy unnecessary. Labour saving folder can be supplied.

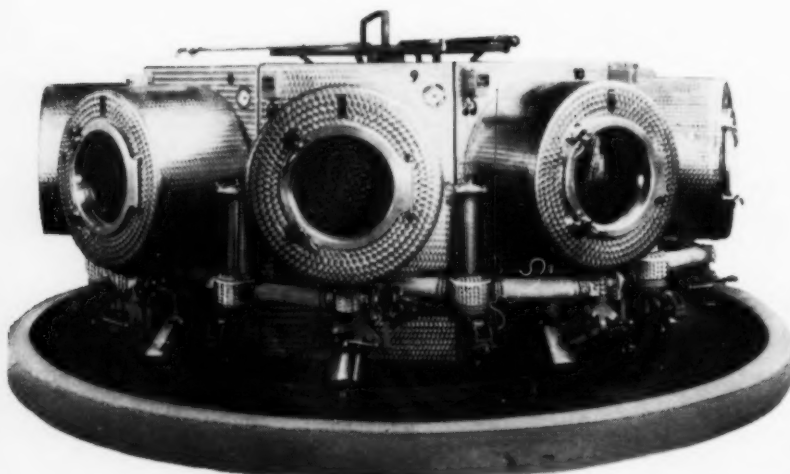
#### BROADBENT EXTRACTOR

Available in 36 inch and 30 inch diameter baskets with capacities of 110 pounds and 60 pounds respectively. Greater out of balance capacity with high speed and rapid acceleration. Complete with time clock and safety interlock.



#### POESGEN TUMBLER

Unexcelled in performance and efficiency for steam, gas, or electrical heating in capacities of 9-55 pounds. High drying temperature assures maximum production. Complete with temperature gauge, time clock and easily accessible lint trap.



#### CAROUSEL WASHING UNIT

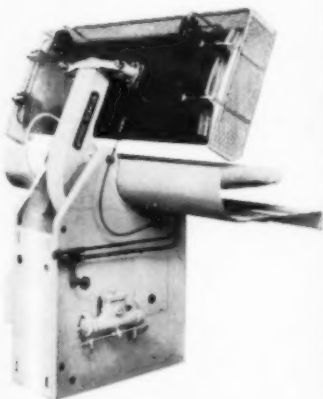
consists of 10 or 12 individual end-loading stainless steel washing machines with capacities of 24-105 pounds per cylinder. Completely automatic with very low consumption of cold water and steam, and with heat exchange taking place at each machine, no heat reclaimer is required.

# A NEW CONCEPT IN LAUNDRY EQUIPMENT

**NOW  
YOU CAN SAVE  
TIME AND  
MONEY IN  
YOUR LAUNDRY**

## **E. P. (ELECTRO/PNEUMATIC) PRESSES**

Complete selection of air operated presses for all types of garments. Faster operating due to single button operation, with full safety features. Less operator fatigue with increased production. Complete with spring padding, electric timer, and steam trap.



## **CLEAR-O-MATIC WASHER**

Fully automatic end-loading washing machine with continuous flow of water similar to Carousel. Capacities 30-105 pounds. Provides economical and efficient washing with excellent results.

If you are planning a new laundry or expanding your present facilities you will want to see the complete line of Canadian Baker Perkins Ltd. laundry equipment.

Representing 35 years of engineering know-how and experience, this equipment is available to Canadian hospitals, along with complete service facilities and a full range of replacement parts from our Brampton, Ontario, plant.


In addition, our experienced engineering staff is available to you for consultation and planning. They will help you install and operate your Canadian Baker Perkins Ltd. equipment for maximum production at the lowest possible cost.

Call or write us today for more complete information.



**CANADIAN  
BAKER PERKINS  
LIMITED**

**BRAMPTON, CANADA**



# Our changing food industry

**T**HE supplying of man's food needs has created the world's largest and most complex business—the food industry. Millions of Canadians are engaged in the production, processing, distribution, and merchandising of food products. Twenty-five per cent of our disposable income is spent on foods. The food industry, one of the most complex, has undergone revolutionary developments in the past few decades and will continue to change markedly in the years immediately ahead.

## Population

From a world standpoint, one of the most vital concerns is that of assuring a plentiful food supply for the rapidly-increasing total population. The world population doubled from one-half to one billion persons between the years 1650 and 1850. It redoubled to two billion less than 100 years later. The next and succeeding doublings will be even shorter, hence the term "population explosion." At present, the bulk of our food requirements are derived directly or indirectly from the top six inches of soil. Considering the available arable land, there is now an average of less than two acres per person. This can be interpreted as an alarming trend, yet the use of modern technological methods on this continent at least, have more than made up for population increases and indeed have produced large surpluses of some types of foods which in themselves have posed serious economic problems.

## Food Consumption

Patterns and changes in the food industry are established for the most part from per capita consumption data. Here in Canada, for example, an individual in a lifetime can be expected to consume 6 tons of meat, 6½ tons of grain products, 4½ tons of potatoes, 17½ tons of milk, 2 tons of fats and oils, 4 tons of sugar, 1400 lbs. of tea and coffee, and 17 tons of fruits and vegetables. Variations in these amounts occur with nationality, type of work, and individual preference.

With advances in science and

A. L. Shewfelt,  
Morden, Manitoba

technology and associated changes in standards of living, certain notable trends have occurred in the dietary pattern. As more people do less manual work, there is less need for high-energy food and more demand for the attractive and appetizing types. The desire for and acquisition of fancier houses, cars, clothes, and appliances has made it possible, and often necessary, for 25 per cent of the housewives to find employment outside their homes. This has given impetus to the manufacture and use of so-called convenience foods. Mrs. Homemaker now spends an average of only 1½ hours daily preparing the family meals compared with 5½ hours 20 years ago. More people are now eating in restaurants, in the backyard, at the lake, or at roadside stands. This has increased the consumption of hot dogs, hamburgers, potato chips, and pickles.

Where income is low, a much greater proportion of the food dollar must be spent on cereals and less on meat and animal products, since cereals supply a relatively large amount of calories for the money. Some over-populated countries with low income must consume up to 70 per cent of their calories in the form of cereals. In Canada, less than 35 per cent is consumed as such. One acre of land devoted to cereals will produce ten times the number of food calories as the same acre producing livestock. While some believe that our generous meat consumption in Canada is aggravating the grain surplus problem, a closer look tells us that there is no better way of reducing our grain stocks than by feeding them to livestock and consuming them indirectly as meat products.

In the past 40 years, the main consumption trends have been to less cereals and potatoes and to

more fruits, vegetables, meat poultry, eggs, and dairy products. Although these trends are significant, they occur at a relatively slow rate and do not have the same impact on the food industry as some of the newer methods of production, processing, and merchandising. It is here that the real revolution is taking place.

## Production and Distribution

In 1920, a farmer could produce enough for himself and several others. Today he provides for himself and nineteen others. He is able to do this because he has adopted new methods of production using modern machinery, hybrid seeds, fertilizers, insecticides, cost accounting, and soil and water conservation practices. The increase in farm efficiency has prompted a migration from farms to cities, an increase in the industrial labour force, and of course, an increase in the proportion of non-farming consumers.

The movement of food from the farm to the consumer has, of necessity, become increasingly complex. Instead of the simple farmer-consumer relationship that existed a few decades ago, we now have a wide variety of specialists including processors, equipment manufacturers, graders, inspectors, wholesalers, retailers, and salesmen. Each performs a rôle in the maze of activities required to provide a steady flow of the desired food items from the farmer's field to the consumer's table.

## Merchandising

The advent of the supermarket has in effect combined the former butcher shop, grocery store, and produce market, and has thus revolutionized food merchandising. Emphasis is on convenience, attractive packaging, consumer appeal, and varied selection. Some stores carry as many as 5,000 stock items. Improved roads and cars have made it possible for shoppers to travel further and buy larger quantities at a time.

## Processing

In processing, the greatest advance to date occurred 160 years ago when a young Frenchman, Nicholas Appert, discovered that food could be preserved by heating and sealing it in airtight containers. In addition to winning a prize from Napoleon, Appert initiated the canning industry that we depend upon so largely today. The consumption of canned foods is still on the increase since canning

(continued on page 78)

## Food Service

sponsored by the  
Canadian Dietetic Association

Mr. Shewfelt is president of the Canadian Institute of Food Technology and heads the Fruit and Vegetable Products Section of the Experimental Farm at Morden.

**STERILE INTRAMEDIC®  
LUER STUB ADAPTERS**

**Sealed Container**  
to maintain "ready-to-use"  
sterility.

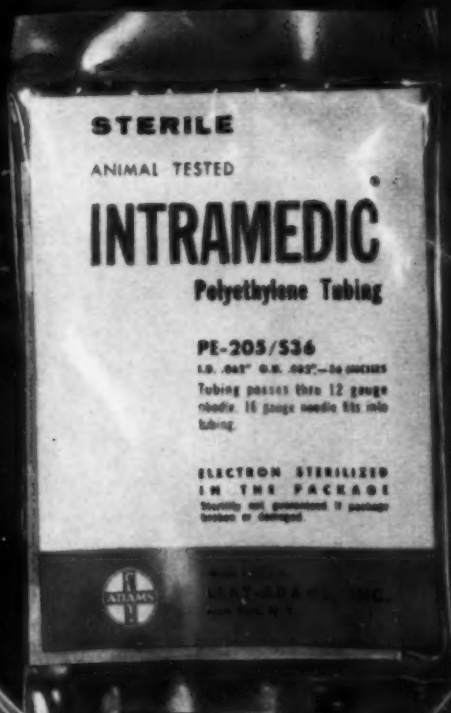
**Blunt Cannula.**  
Will not cut into or  
flake bore of PE tubing.

**Economically Priced**  
as a disposable item—but can  
be re-sterilized and re-used.

**Full Range of Sizes,**  
each tagged to indicate  
size of tubing for which adapter  
is intended.

**Contamination Eliminated.**  
Hub can be attached to syringe or  
IV set without handling adapter.

**made for each other**



**STERILE INTRAMEDIC®  
POLYETHYLENE TUBING**

**Electron Sterilized,**  
ready for use.

**Animal Tested,**  
reaction-free.

**Seven Sizes,**  
12" and 36" lengths.

**Versatile.**  
Widely used for prolonged  
intravenous therapy,  
transfusions, drains,  
surgical procedures.

Sterile Intramedic Polyethylene  
Tubing and Luer Stub Adapters  
are available from your dealer.

*Clay-Adams*  
NEW YORK 10



# MEDICAL RECORDS

## in the smaller hospital

**I**F we were asked to take a poll on the question, "Why should we have a record department?", we would probably have a variety of answers. Ultimately, however, we should conclude that every department within the hospital has evolved from the desire to provide adequate care of the sick and injured.

What place has a medical record department in the care of the sick and injured? If we accept the responsibility of providing adequate care, it follows that we will try to do it to the best of our ability. By providing a written record of the patient's illness the first step toward adequate care is made. Here are facts and figures for reference should the patient require admission and treatment again. Too often, however, the medical record department, if a department exists, is considered the filing cabinet for the written record of the work of the hospital team—the doctor, the nurse, the technician. This is especially true in the smaller hospital. The attitude persists that it is all very well for the large teaching hospital to do more than file the record, but it is a waste of time and money, if not almost an impossibility, for the smaller hospital to have a medical record department to summarize, index, and analyze the documents reaching its door. In fact, many of our smaller hospitals have been able to do little more than file the record, this responsibility falling on the shoulders of superintendents, business office personnel, nursing supervisors and others. Now let us find out why we should organize a good record department, the advantages of having such a department, and how to go about setting it up.

The first duty of a record department is, of course, to obtain the record and to preserve this record

**Mrs. H. Werner,  
Stratford, Ontario.**

so that it will be available on a moment's notice. Many records, however, are far from complete, filled in only enough to prevent the person in charge of filing from saying that it is incomplete. We must assure ourselves that the record is an orderly written report of the patient's complaints, the diagnostic findings, treatment, and end results, so that it forms a complete picture. When ready for filing it must "contain sufficient data written in sequence of events to justify the diagnosis and warrant the treatment and end results". Such a record is of value to the patient, the physician, medical research and teaching teams, and the hospital.

Let us first consider the patient. Every illness today involves a more or less extensive study with an accumulation of a large amount of detail. A number of procedures may be required for diagnosis and for estimation of the results of treatment. Physicians see many patients a day and it is impossible for them to remember the details of their patients' illnesses. A written record is a permanent record for future reference. Even the patient himself often forgets most vital facts of any previous illnesses. He may change physicians, or move to another community. The previous record will save repetition of tedious and expensive examinations, discomfort, time and money. This document is of legal value to the patient. Because of its confidential nature the information recorded is accepted as true by the court. This record can then be used by the patient to prove the extent of injury when involved in an accident, in insurance cases, personal injury suits, or Workmen's Compensation cases. Records have also been used in will cases, malpractice suits, in criminal cases, such as murder, assault, rape and conspiracy. They have been used as evi-

dence to prove the mental condition of either a prosecuting witness or of a defendant himself, and they have even been used by a defendant to prove an alibi. From this we can readily see that the incomplete or deficient record could be very costly indeed.

How is the record of value to the physician? We have already said that the physician of today has neither the time nor the ability to acquaint himself intimately with the family life and history of each of his patients. The record then is a ready reference whenever needed. He may also wish to review various cases which he has had in the hospital during a given time, or he may wish to brush up on details recorded during a consultation. Also, the physician may need the record for medico-legal purposes to defend himself or give evidence during court proceedings.

### Research and Teaching

The department is valuable also to medical research and teaching teams. Although the smaller hospital does not have the facilities or the personnel to conduct extensive medical research, the material contained in its records is a reliable source for survey work. I have in mind research teams from larger centres studying such diseases as diabetes in particular families, or endemic diseases such as thyroid disease in iodine-poor communities. The information now being gathered by the Ontario Hospital Services Commission for the government branch concerned with vital statistics relative to disease and injury in the province comes into this category also. This, however, could be considered under the next item—the hospital.

How is the record of value to the hospital? First, and foremost, I would say that the record is of value to the hospital because a complete and accurate record is the hospital's guarantee to its patients and the community of loyal and dedicated service to the relief of illness and suffering. It is assurance that everything the hospital can do is being done and recorded for the benefit of the patient. By fulfilling the first obligation, the hospital fulfills its second—it meets the laws of the province on patient care. Let us never put our second obligation first — and it can so easily happen. We are apt to say, "The Hospitals Act requires 'such and such', when our approach should be, 'have we provided everything possible for the recovery of

*Mrs. Werner is the medical record librarian at the Stratford General Hospital. This paper was given at the meeting of the Regional Hospital Council No. 2, held in Stratford on May 27, 1959.*



# HEAVY DUTY SHEETS

*the most widely used  
sheet in Canada*



It's not surprising when you consider their advantages: Fine texture, which patients like; proven ability to stand up to countless washings; 2" hem top and bottom included in finished length; colour-edged for fast recognition of sheet width for easy sorting and storing.

**IMMEDIATE DELIVERY  
FROM YOUR  
SUPER-WEAVE SUPPLIER:**

## Sheet Sizes:

Gold Colour-edge	Blue Colour-edge	Green Colour-edge
63 x 96	72 x 96	81 x 96
63 x 100	72 x 100	81 x 100
63 x 104	72 x 104	81 x 104
	72 x 108	
	72 x 112	

Special Sizes on request

SLIPS: 42", 44"



## MONTREAL REPRESENTATIVE:

R. Perrault, 7840 Des Ecoles St., Montreal 35, P.Q. RA. 7-7056.

## SALES AGENTS:

B.C. and Alta.:  
Wm. Cochrane & Co.  
P.O. Box 826, Station "A"  
Vancouver, B.C.

Maritimes and Gaspe Peninsula:  
J. M. Jones & Son Ltd.  
16 Fairview Drive, Moncton, N.B.  
207 Sovereign Bldg., 136 Spring  
Garden Rd., Halifax, N.S.

the patient?" Legal obligations must never overshadow moral obligations. I do believe, however, that we will all agree that by fulfilling the first, the second is assured and can be used as a rule to guide us in our application of the first.

#### Administration

This brings us to the benefits good records bring to the hospital administration directly. What does administration want to know to efficiently run the hospital? Administration wants statistics — facts and figures to guide it in the daily complexity of managing the entire hospital. These statistics fall into the categories of financial, medical and vital. The financial statistics originate in the business office and do not concern medical records. Medical and vital statistics are as important to the governing body as the financial, and these can and most properly should come from a medical record department. Medical statistics deal mainly with the therapeutic aspects of patient care—such as death rate, caesarean section rate, infection rates, et cetera. For instance, the governing body notes from the monthly reports that the death rate for their particular institution is consistently higher than the accepted norm. If our original records are adequate we should find the answers in the study of the case histories of the deaths for the period under review. Medical statistics are useful, too, when there is a request for new equipment—let us say, surgical equipment. The cost is high—is it justified? Should we spend that much money? A review of the admissions to hospital requiring the use of such equipment will give us the answer immediately. Many of us are plagued with a shortage of beds at the present time. Is this the initial impact of the comprehensive hospitalization program introduced in January, or has the time come to expand and build? Our own record department is currently supplying the board with comparative figures on the medical and surgical admissions to hospital—the total number of bed days for medical and surgical care, the per cent of occupancy on the various units and a comparison made with previous years. Once a record department has been organized on a sound basis, such surveys can be undertaken smoothly and with a barely noticeable increase in time and work involved. Many more such illustrations could be made but the answer is always the

same — good medical records are part of good administration.

What about vital statistics? Is that our responsibility? Vital statistics deal with facts and figures such as births, deaths and diseases. Again the answer is yes. We are all aware of the benefits of the new hospital insurance scheme. To keep this insurance program in existence the government must have accurate vital statistics, including diagnoses recorded in acceptable terminology, to assess the incidence of disease in the province and adequately administer the plan. Where will this information be collected? I believe that it can best be done in a medical record department. I am sure the completion of the new insurance forms has presented a formidable problem for all of you and we will consider this again under organization.

For many hospitals accreditation is a goal, which, while most desirable, seems an improbability in the immediate future. Those of us who have experienced an inspection for hospital accreditation can tell you that a great deal of the investigation takes place in the record department. If care is being given to meeting the standards laid down by the accrediting body, the proof will be recorded in the medical record. Proper classification is essential to make this information available for use, and such classification can only be made by an organized department. However, this is not such a difficult goal.

Finally, we cannot minimize the importance of good records to the hospital for medico-legal purposes. We are all aware that each and every admission to hospital could constitute a court proceeding.

We have now summarized what we expect in regard to medical records. The next question is how can we achieve this goal? Organizing a medical record department requires three basic ingredients: (a) personnel, (b) adequate space, (c) equipment.

#### Personnel

Let us start with personnel. From our review of what we expect a medical record department to achieve, we can readily see that the person in charge of the record department carries a great deal of responsibility and must have adequate knowledge to fulfil her duties. She must also be able to use the information gathered, and to present it in an acceptable and efficient form to those requiring

it. The medical record librarian must have the following qualifications:

1. a good command of English and a basic knowledge of medical terminology;

2. an educational background, or adequate business experience to create confidence in her work among the professional people — doctors, hospital administrators, nurses, technicians — with whom she is in contact;

3. a personality that enables her to work in harmony with others;

4. the ability to organize efficiently the work expected of her;

5. proficiency in typing and shorthand if registration is desired.

The first source of trained personnel is, of course, the training school for medical record librarians. Three such schools are located in Ontario. They are: St. Michael's Hospital, Toronto, Hotel Dieu Hospital, Kingston and Ottawa General Hospital, Ottawa.

As in many other professions today, however, the demand far exceeds the number of graduates entering the field. There is also the trained librarian who is lost to the hospital field through marriage, or those entering administrative or research fields. What can the small hospital do if they can't attract the graduate of a training school?

In 1953 the Canadian Hospital Association and the Canadian Association of Medical Record Librarians co-operated to provide an extension course for the training of medical record librarians on the job. Students with a Grade 12 standing or equivalent are eligible to enrol in this two year course. They must be employed in a medical record department of a hospital or similar field such as cancer or research clinics. Upon successful completion they are eligible to write for registration, if the other requirements laid down by the Canadian Association of Medical Record Librarians can be met. Here is the key to unlock the door in our search for trained personnel for the smaller hospital. Look about your own hospital. Have you young women in your hospital who would meet the qualifications we have enumerated previously? I would stress at this point, however, that enthusiasm is not enough. If one candidate has not the ability to acquire the professional attributes desired, she will be more of a liability to you than an asset.

(continued on page 68)

CONFORMS  
to any shape

# KLING\* BANDAGE

ADHERES TO ITSELF  
— will not slip or slide

STRETCHES  
— will not constrict  
swelling area

KLING Bandage makes easier, neater  
bandages that allow more freedom of  
movement, yet stay in place.

\*Trade Mark

Johnson & Johnson  
LIMITED MONTREAL



## Book Reviews

**THE TRIUMPH OF SURGERY** by Jürgen Thorwald. Translated by Richard and Clara Winston. Published in Canada by McClelland and Stewart Limited, Toronto, 1960. Pp. 454. Price \$7.00.

The *Triumph of Surgery* is a fascinating account of the advances of the science of surgery since the year 1881, the year of the Third International Medical Congress in London which was held amid general anti-vivisectionist protest. The story of surgical progress comes to life through the meetings which the author, in the fictitious guise of a certain Dr. Hartmann, describes with great medical men such as Charcot, Ferrier and Kocher during the exciting time of the discovery of successful brain, goiter and eye surgery as well as that of local anaesthetic. It also tells the tragic story of Kaiser Friedrich III and speaks of many other well known names and families of this lively era.

The author, Jürgen Thorwald, first studied medicine but later turned to philology and European history. He is well known for his earlier "Century of the Surgeon" and in this later book as well, he conveys through a vivid style a very real sense of immediacy in the drama of surgical advance.

**MICROBIOLOGY AND PATHOLOGY FOR NURSES**, fifth edition, by Martin Frobisher, Jr., S.B., S.C.D.; Lucille Sommermeyer, R.N., B.S., Ed.M.; and Raymond H. Goodale, B.S., M.D. Published by the W. B. Saunders Co., Philadelphia and London, 1960. Illus. Pp. 888. Price \$7.50.

In this edition there has been a complete reconstruction and rearrangement of content and a complete rewriting of many chapters in the microbiology section. The writing is concise and clear and terms are always carefully defined. Each chapter points out specific applications for nurses and nursing.

The first portion of the book is mainly descriptive, giving the general facts about microbiology. Thus it prepares the student for later discussions of disinfection and sterilization. The material in the pathology section has been divided into three parts—general

pathology, applied pathology and clinical pathology.

Obsolete material has been removed from this edition and much new material has been added. The former appendix on specimen collection has been rearranged into an entirely new chapter, presenting the rôle of the nurse as she assists the physician in the diagnosis, treatment and control of infectious diseases in the individual and the community.

Illustrations have been selected for their institutional value and there are specially detailed and informative legends. Useful questions for review appear at the end of each unit.

**A SYSTEM OF ORTHOPAEDICS AND FRACTURES**, by A. Graham Apley, M.B., B.S., F.R.C.S. Published by Butterworth & Co. (Canada) Ltd., Toronto, Ont., 1959. Pp. 357, Index 20 pages. Price \$9.50, interleaved edition \$13.50.

Directness of approach and concise phraseology mark the keynote of this book. This is a work intended for constant use, and the practical form underlines its practical purpose. It states clearly and economically the essentials in orthopaedic problems, each dealt with in a similar way under a uniform pattern of headings. For all who need a quick means of reference and a concise, methodical guide to orthopaedics and fractures, this work will have an immediate and lasting appeal.

**CULTURE AND MENTAL HEALTH**. Ed. Marvin K. Opler. Published in Canada by Brett-Macmillan Ltd., Galt, Ont. Pp. 533. Price \$8.75.

This collection of 23 cross-cultural studies by distinguished researchers shows the effects of cultural patterns on mental health in world-wide perspective. It features material from every continent or island area in which notable work has been done. There are seven sections: The American Indian, North and South America; People of the South Pacific, West and Ill; Asian Contrasts; African Contrasts; Anglo-American Patterns; Some Modern Problems; and World Perspectives.

The editor states that the central theme of the volume is the variable effect of cultural

stress on mental health, with appropriate methods for each study represented. Dr. Opler dedicates these articles "to the deepest hopes and aspirations of the International Mental Health Year. But they point far beyond 1960 to the paths that social psychiatry will follow in the next decades."

**FOUNDATIONS OF NURSING**, by Sr. Charles Marie Frank, C.C., I., R.N., M.S.N.E. Published by the W. B. Saunders Co., Philadelphia and London, 1959. Second edition. Illus. Pp. 304. Price \$4.50.

This is a short history of medical care and the development of nursing from pagan times until the present. On its title page are the words "For the student of today who will influence the direction of nursing in the future". A second edition was considered necessary because of the many changes within the past few years.

The author believes that student nurses today seek the reasons for all the changes that occur. If they have an historical account of how contemporary nursing evolved, they can interpret what is happening now with intelligence and they can avoid the disasters of the past. The author says this: "May this story inspire the student with great confidence in the ideals of the leaders who have guided the development of the profession and may it fire her with enlightened enthusiasm to carry forward the good work."

**PSYCHOLOGY, THE NURSE AND THE PATIENT**, third edition, by Doris M. Odum, M.A., B.A., M.R.C.S., L.R.C.P., D.P.M., Dip Ed. Published by Iliffe & Sons Ltd., London, England, 1959. Distributed in Canada by the British Book Service (Canada) Ltd., Toronto, Ont. Pp. 200. Price \$2.70.

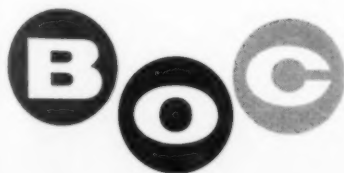
This excellent book covers the whole of the psychological part of the syllabus for nursing students. This edition has been largely rewritten and includes chapters which cover the new Mental Health Act. It stresses the importance of the nursing rôle in aiding complete recovery. To do this the nurse must think of the patient in terms of an individual entrusted to her care, who needs sympathy and understanding. She must learn tolerance, gentleness and tact in order to appreciate the patient's mental outlook—in short, as well as being a nurse she must be something of a psychologist. All facets of such understanding are covered briefly and sympathetically by the author.

(continued on page 106)



## DEPENDABILITY

If you sincerely believe in dependability you will agree that it is a *constant* ideal, not something to which you pay tribute only on occasions. In our business we believe that dependability is vital—the doctor must be able to rely implicitly on his anaesthetics and the equipment with which to administer them. At British Oxygen Canada we believe that dependability is the important factor in every *stage* of our operations . . . in the authentic Boyle anaesthetic equipment . . . in the gases we supply . . . in the service available, and even down to the delivery of parts, equipment, or product. And finally, you can depend on the continuing research, development, and improvements that have kept British Oxygen Canada in the forefront of our industry throughout the world.



**BRITISH OXYGEN CANADA** *limited*

ST. CATHARINES • TORONTO • MONTREAL

## With the Auxiliaries

### Quebec's Auxiliaries Meet

The eighth annual convention of the Province of Quebec Association of Hospital Auxiliaries was held at the Queen Elizabeth Hotel, Montreal, Que., February 24 and 25, 1960. A bilingual panel discussion entitled "Problem Clinic" was one of the highlights of the meeting. The moderator was Mrs. Sylva Lamothe.

The importance of good program planning was a topic ably handled by Mrs. J. F. Forman, a member of the executive of the Montreal Council of Women. And there must be responsible people to carry the program out. Mrs. Forman stressed the influence of the press, radio and television on women's meetings, stating that through these media women were becoming better informed. Mrs. Forman also emphasized the use of audio-visual techniques in public speaking.

The president of the Montreal Children's Hospital's women's

auxiliary, Mrs. J. A. Woolven, felt that timidity prevented many women from expressing their ideas and that courses in public speaking which had been given to auxiliaries were indispensable. Women must be able to talk intelligently from the floor in a meeting or from a platform, she said.

Libraries for hospital patients was the topic of Mrs. Maurice Ladouceur, secretary of the auxiliary of Hôpital Notre Dame. Books can do much to improve the patient's mental state, she said. They should be gay, optimistic and instructive, and should be of a high quality.

The panel's moderator defined public relations as "the ability to make a lot of people think well of you". Courtesy, tact, and an understanding of hospital work were a necessary part of the auxiliary's contribution in this field. Mrs. Paul Weil, public relations director, Royal Victoria Hospital, said that publicity was all-important to hos-

pitals, for it promoted good community relations, letting the public know how its money is spent. People must be told what the auxiliaries are doing.

Mrs. Paul Robert, a member of the auxiliary of Hôpital Maisonneuve, emphasized the importance of discipline and good manners. And in Quebec bilingualism is valuable in building up good hospital relationships.

After this very successful discussion and just before the business meeting a film, "The Patient is a Person", was shown to the delegates.

On Thursday, February 25, an executive suite was held. Executive members were in attendance throughout the day to discuss auxiliary problems with delegates.

### Officers

The following are the officers elected: *honorary president*—Mrs. Onesime Gagnon; *honorary founder president*—Mrs. J. C. McDougall; *honorary vice-presidents*—Mme. L. de G. Beaubien, Mrs. Allan Bronfman, Mrs. Alton Goldbloom and Mrs. J. E. Perrault; *president*—Mrs. J. Beaudoin Handfield; *1st vice-president*—Mrs. Gérard Boudrias; *vice-presidents*—Mrs. M. G. Ibbotson, Mrs. B. Bloomfield, Mrs. O. W. Francoeur, and Mrs. D. S. Abbott; *recording secretaries*—Mrs. H. C. Cole and Mrs. J. Langley; *corresponding secretaries*—Mrs. J. O. Hastings and Mrs. Nantel David; *treasurers*—Mrs. G. K. Wray and Mrs. C. Hough.

### Clinic and Auxiliary

The bi-monthly Red Cross Blood Donor clinics in Stratford, Ontario, will in future be convened by the Women's Auxiliary to the Stratford General Hospital. At the February meeting the members agreed to assume responsibility for the clinics as a community service.

This auxiliary also holds a Mad-hatter's tea in March. Prizes are given for the "maddest" hats and all are invited to participate in the contest.

### B.C. Auxiliary One Year Old

The Mt. Arrowsmith Women's Auxiliary to Nanaimo Regional Hospital was one year old in February. The work committee has made beautifully-sewn baby quilts and toy bags for the children's ward. As well, knitted articles are for sale and displayed in the maternity ward of the hospital. Plans for this year include sponsoring a square dance jamboree in the spring.

(continued on page 104)



Left to right: Mme Gérard Boudrias, 1st vice-president, and Mme Sylva Lamothe, immediate past president, Quebec Association of Hospital Auxiliaries, and Dr. J. Gilbert Turner, executive director, Royal Victoria Hospital, Montreal.



Left to right; Paul L'Africain, Mme J. Beaudoin Handfield, president, Quebec Association of Hospital Auxiliaries, and Dr. Paul Bourgeois.

More convenience for you



from **KRAFT!**

Before introducing instant potatoes, Kraft waited until they had a truly superior product . . . one that could proudly take its place in the Kraft line of fine foods. And CUISINE is it—instant potato as tasty and fragrant as fresh potatoes, instant potato that keeps its whiteness and fluffiness for hours! However exacting your standards, you now have an Instant Potato you can use with complete confidence!

**CUISINE offers you—**

- ✓ A preparation method that is foolproof.
- ✓ Consistent price and quality the year round—no seasonal fluctuations to worry about, therefore better

profit control! Approximately 2¢ for each generous 3 oz. serving.

- ✓ Real saving in time and labour—Cuisine is made in minutes!
- ✓ No more waste and spoilage—with Cuisine you make up exact portions—and Cuisine keeps for hours on the steam table!
- ✓ Great reduction of potato storage space—one #10 can equal to 40 lbs. raw peeled potatoes!
- ✓ No more "run-outs"—any amount of potatoes prepared at short notice. 150 servings from one #10 (6 lbs.) can!
- ✓ All-purpose usefulness. Cuisine may be used in soups, gravies, potato souffles, fish cakes, and so on!

Try **CUISINE INSTANT POTATOES** just once—we know you'll be sold on this great new product from **KRAFT!** For further details and recipes write to: Institutional Sales Manager, **KRAFT FOODS LIMITED**, Box 6118, Montreal, Quebec.

*-newest member of the Kraft family of fine foods!*

HALIFAX 4-6458 • MONCTON EV. 4-9128 • QUEBEC CITY LA. 4-7664 • MONTREAL RI. 4-5811 • OTTAWA CE. 5-0813 • TORONTO CH. 1-1157  
FOR WILLIAM 3-9311 • WINNIPEG SP. 4-4596 • REGINA JO. 9-4813 • CALGARY AM. 6-4746 • EDMONTON HU. 8-6465 • VANCOUVER HE. 3-6212



## Notes on Federal Grants

### Construction

The sum of \$86,600 has been granted the Burns Lake Hospital, Burns Lake, B.C., for the construction of a new hospital to replace the old original building. Accommodation will be provided for 34 patient beds, 12 bassinets and other services.

A federal health grant of \$322,000 has been awarded the Ross Memorial Hospital, Lindsay, Ont. The grant will assist in the construction of a new wing, modernization of an existing wing and the conversion of the original hospital, built in 1902, into training and administration areas. Accommodation for 126 patient beds will be provided. The new building will also house x-ray, dietary, pharmacy, dispensary, and emergency departments as well as an operating suite and a delivery suite.

A grant of \$167,900 has been made available to the Arnprior and District Memorial Hospital, Arnprior, Ont. The sum will assist in the construction of a new two-storey building which will replace the old original building and provide accommodation for 62 patient beds, 14 bassinets, delivery room, operating suite, x-ray department and other facilities.

The sum of \$266,600 has been given to the Public General Hospital, Chatham, Ontario. It will be used to complete the third and fourth storeys of the four-storey wing which was erected in 1955.

The Kimberley and District General Hospital, Kimberley, B.C. has been awarded a grant of \$148,150 to assist in the construction of a building which will replace the original 42-bed hospital. The new hospital will provide accommodation for 71 patient beds, 12 bassinets and space for operating rooms, laboratory departments and other medical services.

Construction of a new hospital at Almonte, Ont., will be assisted by a grant of \$105,400. The two-storey building will replace the old Rosamond Memorial Hospital and provide accommodation for 43 beds and 11 bassinets.

A grant of \$105,360 has been made to the Greater Niagara General Hospital, Niagara Falls, Ont.,

to assist in the construction of a 51-bed paediatric wing. A total of 66 beds will be gained when the project is completed.

To assist in the remodelling of The Niagara Hospital at Niagara-on-the-Lake, Ont., a grant of \$18,000 has been made. Renovations will result in improved facilities for an emergency room and the x-ray and admitting departments. Four additional patient beds and two recovery beds will also be added.

In Fort William, Ont., the McKellar General Hospital will receive \$72,760 to help provide more space for laboratory, x-ray and outpatient departments.

Construction of a new building for the Yarmouth General Hospital, Yarmouth, N.S. will be undertaken with the assistance of a federal grant amounting to \$426,500. The hospital, when completed, will provide accommodation for 173 patient beds and in addition will have operating rooms, laboratory departments and other medical services.

The Royal Victoria Hospital, Montreal, Quebec, has been awarded a grant of \$590,373 which will assist in covering the cost of the new medical building providing an additional 230 beds for medical and paediatric patients. Facilities for laboratories, teaching and dietary departments are also being increased.

Provision of new quarters for a child guidance clinic, to occupy a portion of a new building being constructed by the Winnipeg School Board in Winnipeg, will be made possible with the assistance of a \$100,000 grant. The clinic will form part of the provincial plan in the development of a mental health program for children and will contain complete facilities for operations in the child guidance field.

### Equipment

The Sherbrooke Hospital, Sherbrooke, Que., has been granted \$11,700 to assist in the purchase of apparatus for the clinical pathology department.

A grant of \$15,000 has been awarded to l'Hôpital du Saint-Sacrement, Quebec City, Que., to assist in establishing and equipping

a new physiotherapy department. L'Hôtel-Dieu de Saint-Jérôme, St. Jérôme, Que., will receive \$12,132 which will be used to pay for part of the equipment needed by the hospital's School of Nursing, such as training aids, chemical, laboratory and classroom equipment.

The sum of \$48,100 has been awarded to the Children's Department of the Faculty of Dentistry for the new Dental School at the University of Manitoba, Winnipeg. The grant will assist in the provision of extensive equipment for laboratory and clinical use in the provision of clinical services to children.

A health grant of \$14,900 has been made available to assist Quebec health units in the detection of the hard of hearing among school children. Seventy audiometers—an apparatus to test the hearing ability at different frequencies—will be purchased for use by the various health units in all sections of the province.

A grant of \$46,100 has been made available to Hôpital Ste-Justine, Montreal, Quebec. It will be used to assist in the purchase of new x-ray equipment with closed circuit T.V. and a five-inch intensifier for advanced diagnostic procedures of heart conditions.

The Catherine Booth Mothers' Hospital, Montreal, Quebec, has been awarded a grant of \$24,700 to assist in the purchase of a new 500 M.A. x-ray unit.

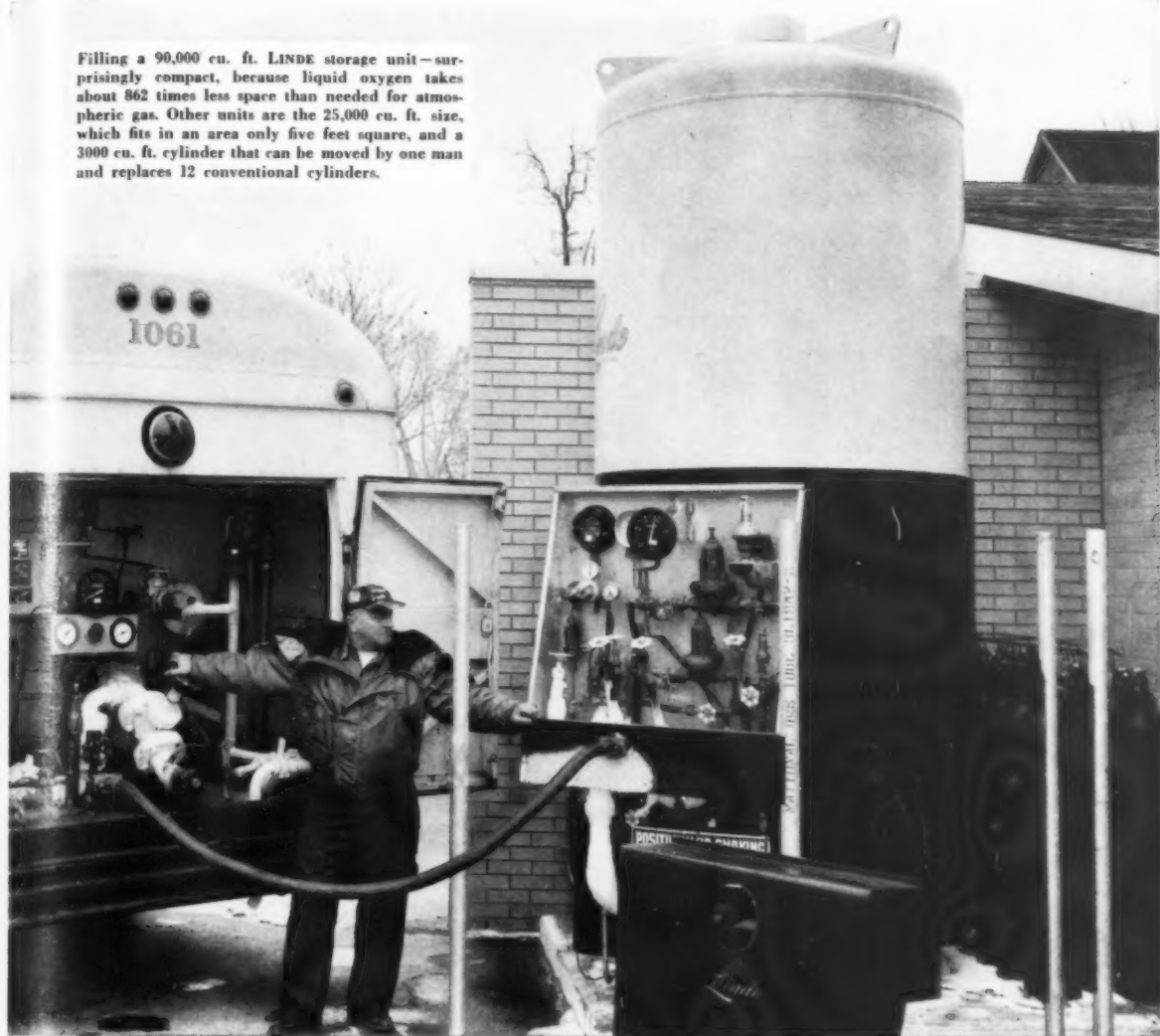
### Diagnostic and Research

The Cytodiagnostic Centre, in the Faculty of Medicine of Laval University, Quebec City, Quebec, will receive \$16,850 to pay part of the cost of its operation. The services provided by the Centre will be available to all hospitals and physicians in the area.

The Institute of Cardiology, Montreal, Que., will receive \$25,700 to stimulate research in applying and perfecting techniques for the correction of cardiac defects which will respond to surgery. This research project has been established as a long-term study for the continued development of extracorporeal surgical procedures.

Grants totalling \$158,657.90 have been approved for a series of research projects on heart and related diseases to be carried out in the next fiscal year. The projects covered involve a number of hospitals, research institutes and medical schools across Ontario including two in Ottawa.

Filling a 90,000 cu. ft. LINDE storage unit—surprisingly compact, because liquid oxygen takes about 862 times less space than needed for atmospheric gas. Other units are the 25,000 cu. ft. size, which fits in an area only five feet square, and a 3000 cu. ft. cylinder that can be moved by one man and replaces 12 conventional cylinders.



## YOU'VE GOT TO BE **SURE** ABOUT **OXYGEN**

With hospital oxygen, you've got to be sure that it's produced to U. S. P. standards . . . that it's properly stored and handled . . .

And you've got to be sure that it's there when you need it.

You don't face problems like these when you have a "LINDE" liquid oxygen system installed. Any general hospital from 25 beds up can have liquid oxygen. Experienced LINDE representatives are ready to help in selecting and installing the equipment you need. You will find that liquid oxygen takes only a fraction of the storage space required for gas. Highly qualified

personnel supervise its production all along the line. And deliveries are regular and dependable, wherever your hospital may be located in Canada.

Take advantage of LINDE's more than 40 years' experience in the Canadian oxygen business. Call your nearest LINDE representative or distributor. Or write Linde Company, Division of Union Carbide Canada Limited, 40 St. Clair Avenue E., Toronto 7, Canada.

"Linde" and "Union Carbide" are trade marks.

**LINDE COMPANY**

**UNION  
CARBIDE**

## Provincial Notes

### British Columbia

The new Golden and District General Hospital at Golden was officially opened in March. The 23-bed single storey hospital was built at an estimated cost of \$358,000 of which the provincial government will pay approximately \$179,000. It will replace the existing hospital which has been serving the area since 1895. The hospital will provide a full range of general services including an operating room, delivery suite, emergency ward, diagnostic and treatment facilities, and a solarium for ambulatory patients. Architects were Smith and McCulloch of Vancouver and Trail.

The Minister of Health Services and Hospital Insurance, Hon. Eric Martin, announced that the provincial government had authorized progress payments totalling \$219,017.46 to be distributed among six B.C. hospitals. These outright grants represent payments towards hospital construction, of which the provincial government pays 50 per cent of the approved costs and, in addition, pays one-third of the total cost of equipment purchases. The largest progress payment was in the amount of \$85,012.49 for the Lions Gate Hospital, North Vancouver, towards the cost of their new 283-bed hospital. The Kimberley and District General Hospital, Kimberley, will receive two progress payments totalling \$48,101.71 towards the cost of a new 48-bed hospital, which recently commenced construction. A progress payment of \$13,939.46 was authorized for St. Joseph's General Hospital, Dawson Creek, towards the costs of their new 60-bed hospital which is due for completion late this year.

### Alberta

The Hinton Municipal Hospital has been officially opened by Dr. A. Somerville, Deputy Minister of Health for the province. Following the opening ceremonies, the public inspected the hospital with the nursing staff acting as

guides. The 25-bed hospital has been designed to allow for future expansion to provide approximately 20 additional beds without changing any of the present utilities or equipment. This hospital has a closed circuit television system connecting the children's ward and the nurse's desk so that the small patients are under supervision at all times.

### Saskatchewan

Yorkton is planning a new \$3 million health centre in the southwest end of the city. There is to be a \$1,500,000 Union Hospital to replace the old general hospital, and a \$1,500,000 psychiatric centre to consist of various units. The cottage unit will house 20 patients, while each of the nursing units will accommodate 30. The cottage units will be joined by underground tunnel. An infirmary of 34 beds is designed for the patients who require both medical and psychiatric care. Architect for the proposed psychiatric centre is Mr. Izumi of Izumi, Arnott and Sugiyama of Regina. (See *Canadian Hospital*, May, 1957, page 40).

Construction has commenced on a section of the Lac La Ronge hospital. Value of the unit, which will include the nurses' residence, is about \$65,000. This project is included in the general contract for erection of the Lac La Ronge hospital which was awarded to the Saskatoon firm of W. C. Wells Construction Co. Ltd. Architects are Kerr, Cullingworth, Riches and Associates of Saskatoon.

A new Regional Hospital Council has been organized. At present there are four Regional Hospital

Councils in the province. Hospitals in the following centres are partaking in the formation of the Council: Broadview, Grenfell, Wawota, Moosomin, Maryfield, Kipling, Whitewood, Indian Head, Wolseley, Qu'Appelle, and Montmartre. It is hoped that with the establishment of this Central East Hospital Council more hospital boards in this area will also join in.

### Manitoba

The new Riverdale Hospital at Rivers was officially opened by Hon. George Johnson, M.D., Manitoba Minister of Health and Public Welfare. The single storey building, costing approximately \$260,000 contains beds for 17 adults and four children, in addition to a complete nursery with eight bassinets. Architects were Ian Brown and Associates of Brandon.

Construction of a nurses' residence for the Misericordia General Hospital in Winnipeg is planned and it is expected that tenders will be called when plans are completed. Architect for the project is P. M. Casey of Winnipeg.

The Bethesda Hospital Society which built the hospital at Steinbach has agreed to sell its building and equipment to the District Hospital Board for one dollar. Book value of the structure and equipment stands at approximately \$50,000. The inventory account of \$10,574.61 must be paid on or before the date of turning over the property. It was pointed out that the sale would facilitate negotiations now under way to enlarge existing facilities, which are urgently needed.

### Ontario

The Humber Memorial Hospital, Weston, Toronto, is to have a four-storey extension which will add 180 more beds at a cost of \$1,700,000. Architects are John B. Parkin Associates of Toronto.

The Board of Governors for Hamilton General Hospitals has approved the early construction of a three-floor structure as an initial addition to the existing down-town hospital. The addition will include post-operative rooms, an administrative wing, a psychiatry department and a laboratory. The cost is estimated at \$1,500,000. Architect for the pro-

(continued on page 84)



# LALONDE LEADS

## WITH MAINTENANCE MACHINES

### CONCENTRATED LIGHT WEIGHT SPECIAL FLOOR MACHINE

WITH 9 EXCLUSIVE FEATEURES —

- 1 Brush: 13" diameter Union Fibre
- 2 Bumper: Non-Marking White Vinyl
- 3 Operates on any standard 15 amp. circuit
- 4 Automatic belt tightener for perfect all time service
- 5 Adjustable Handle—locks in any desired position
- 6 Dual Switch Control
- 7 Properly balanced for tireless operation
- 8 Entire machine rust proof
- 9 Belt Driven—No costly gears to strip, rattle, wear or drip oil

Light . . .  
but heavy enough  
for every type of work



Model 13-5



**CANADIAN MADE**

AND SOLD AND SERVICED FROM COAST TO COAST BY YOUR LOCAL DEALER

*manufactured and guaranteed for two years by*



THE FRANK P.

**LALONDE LTD.**

105 Metropolitan Blvd., Dorval, Quebec — Telephone MB 1-3557



### Medical Records (continued from page 58)

Where else can you look for candidates? The local high school, or the high school in communities your hospital serves. How many young people are aware of the opportunities available in the hospital field today? I would strongly recommend that you place the "Hospital Careers" booklet recently supplied to you by the Ontario Hospital Association in the hands of as many teenagers as possible. See your high school staff. Advise.

Now you may say, "That's all very well, but we haven't enough work for a full time librarian. Why spend time and money training a candidate for a few hours' work? A clerk can file our records and we'll get by with that." However, as I have tried to prove, adequate care of the sick and injured must include the proper organization of the medical data, and this is most efficiently done by creating a medical record department. In a small hospital a variety of jobs have been done, and still can be done by one person. The first step is to find a suitable candidate. Then start organizing a medical record department. This department should be her first consideration. Other duties can be added. Why not admitting? There is a definite correlation between admitting and medical records, and the two departments can quite conceivably be united until hospital expansion warrants their separation. Another possibility would be secretarial work for the superintendent. The confidential nature of the work in medical records parallels the confidential quality of the secretarial aid the superintendent requires. Other job groupings will no doubt present themselves on closer examination of your hospital requirements. The most important aspect to keep in mind is that your candidate is your medical record librarian first of all. Other positions become secondary to this. As soon as expansion warrants it, the librarian should be relieved of her secondary duties.

#### Space and Equipment

Our other two requirements for the establishment of a record department are adequate space and equipment. The department should be located in the administrative wing, and it should be placed where it will be convenient for the greatest number of physicians. I believe you can find no better situation than adjacent to the

staff cloak room. I would estimate that a hospital of 100 beds or fewer should have a record room large enough to accommodate two stenographers' desks, a table for the use of the doctors, and 7 or 8 steel filing cabinets. Apart from this you will require a dry, airy room, not necessarily adjoining the record room, but in the main building if at all possible, for the storage of non-current records. If you are fortunate enough to have a board room or library for use of the medical staff adjoining or near the record department you could eliminate the table required for the use of the doctors. One of the steel filing cabinets should be equipped with trays for the patients' index, physicians' index, and disease and operation index. All the file cabinets in the record department should be of steel, and have ball-bearing equipped drawers. At least two years' current files should be kept in the record room, for it is usually in that period that most records are removed for reference. We have found in our non-current storage room that wooden crates stacked in rows provide cheap, efficient filing space. The only other major investment would be a late model typewriter. We have found ourselves that we do not require a typewriter for each member of the staff. Movable typewriter tables allow easy transportation of typewriters about the room, for often it is required by someone for short periods only. Reference books are of utmost importance to your medical record librarian. Some of these must be in her department. In the smaller hospital others can be among the reference material of the superintendent, but available for her use. These are essential:

1. an English dictionary (Webster's New Collegiate Dictionary would be excellent);
2. a late edition of a large medical dictionary (Dorland or New Gould);
3. a textbook of anatomy and physiology;
4. the latest edition of the *Standard Nomenclature of Diseases and Operations*;
5. a companion to this, the *Textbook and Guide for Standard Nomenclature* (an invaluable aid to the candidate learning while working);
6. a late edition of the *Manual for Medical Record Librarians* by Edna K. Huffman;
7. a copy of the Public Hospitals Act; and
8. a copy of the Hospital By-laws.

For those of you who have no organized record department or are contemplating reorganization, let us consider briefly what a record department should provide in order to pass examination for accreditation, fulfill the obligation to the patient, and meet all requirements of the Public Hospitals Act. The record department must have a suitable filing system. It should provide the administration, the board, and the medical staff with a monthly statistical report. A physicians' index should be maintained. An index of diseases and operations, according to the *Standard Nomenclature of Diseases and Operations* should be set up.

There are two good methods of numbering records for filing. One is the unit system and the other the serial-unit. In the unit system, the patient is given a number in medical records on his first admission to hospital and retains that number for all subsequent admissions to hospital. Under the serial-unit system, the patient is given a new number for each admission, but all previous records are brought forward and filed under the new number. The second method is practical only in smaller hospitals for it necessitates a transfer index. However, it has several advantages. All current records are filed together. Also we can use the admission number for the medical record number as well. I have found that such short cuts, when practical, help reduce the number of persons required in the department and are also an aid to improved efficiency.

A stumbling block to a good many record departments is the installation of an index of diseases and operations. Many systems have been used but the only one really acceptable today is the *Standard Nomenclature of Diseases and Operations*. The Ontario Hospital Services Commission originally requested that diagnoses be submitted according to the international classification, but have recently requested that terminology according to the Standard is desired. A study of the Nomenclature is made by the extension course student, but given a bit of help, someone with a good knowledge of anatomy could

(continued on page 70)



**1. and 1A. Fire Alarm System** utilizes manual stations (pull boxes) that sound a coded signal on special alarm chimes; fire zone is then investigated and general alarm sounded on 10" firebells if evacuation is necessary. Only authorized personnel with keys can sound general alarm. Automatic fire detectors are located in pharmacy and storage areas.

**2. Automatic releases** are installed on all fire doors. When fire is reported or detected, all fire doors close automatically and seal-off fire areas.

**3. Audio-Visual Nurses' Call System**—nurses office communicates directly with nurse or patient in patient's room. Saves nurses steps, means more time for patients. Tamper-proof room installations are a special feature.

**4. Pharmacy burglar alarm**—unauthorized personnel without key, upon entering pharmacy area cause alarm to ring.

**5. Double-face, doctor's in-and-out register** in communications area, allows attendant to check presence of doctors in hospital, and flash by numbered code on Edwards silent paging system.

**6. Edwards Synchronous Clock System** automatically resets for any power failure. All types of clocks are used in offices, corridors, and reception areas. Edwards elapsed time indicators are installed in operating rooms.

**7. Emergency alarm** for protection of nurses. As nurse enters room, she uses key to light dome lamp, shown above. In any emergency, she activates momentary push button which causes red dome lamp to light in corridor, lamp and alarm bell are set off at master station.

# only Edwards

makes a complete line of signaling systems for Hospital Control, Communication, Protection. From audio-visual nurses' call systems to automatic fire-door closing devices, Edwards can provide all the equipment to help operate your hospital more efficiently with added features of safety and convenience.

■ Edwards technical specialists from coast-to-coast team up with your consulting engineer and electrical contractor to provide completely modern, up-to-the-minute installations. For information on any or all of the systems described here, write Edwards of Canada Ltd., Owen Sound, Ont.

Specialists in Signaling since 1872 for Control • Communication • Protection • (In the U.S.A.: Edwards Company Inc. Norwalk, Conn.)  
SAINT JOHN • QUEBEC CITY • MONTREAL • TORONTO • HAMILTON • WINNIPEG • EDMONTON • CALGARY • VANCOUVER

6009

**Medical Records**  
(continued from page 68)

get started with such an index. We have found that once the code numbers are on the case history, anyone can transfer the information to the individual cards.

Accreditation requires a physicians' index also. This can be as elaborate or as simple as you may wish to make it. A simple listing of all cases treated in hospital by each physician, and also a list of

all operations performed by each surgeon is all that is required. We use a loose-leaf 8½" x 11" notebook and break down the cases by service, i.e., medicine, surgery, et cetera. On the list of operations we record the name and case number, assistant, anaesthetist and name of operation. This index is confidential and available only to the superintendent or the credentials committee of the medical staff. The individual doctor can refer to his

own list, and it is surprising the number of times such an index saves a lengthy search for a particular case.

The monthly statistical report is provided for the use of the superintendent and the board, and also the medical staff. It should include the number of admissions, births, discharges and deaths. You may want your admissions broken down into other categories. For instance, segregated according to the municipalities in which the patients reside. You may also want to know your percentage of occupancy by units, the daily average number of patients in residence, the number of operations performed during the month. Your own specific needs will present themselves as the report is used and additions or deletions made as seen fit. This report should also include figures on the death rate, stillbirth rate, autopsy rate, caesarean section rate, average length of stay, hospital infections, and so on. Because the Hospitals Act requires the medical staff to review all deaths occurring during the month at its monthly meeting, a list of deaths should be included with this report. Once you have reached a decision on what you want your monthly report to include, the medical record librarian arranges her daily workbook accordingly and accumulates the figures in a systematic manner.

I would also like to mention that there are other duties that can be added to medical records which some may consider a medical record department responsibility and others not. We felt at Stratford that the medical record department was best equipped to complete the discharge report on the Ontario Hospital Insurance Commission forms. It certainly is not a requirement for accreditation, but it could be considered under good patient care because we feel that our procedure is the most economical and efficient for our hospital. In the first place, the medical record staff is usually the best qualified to ascertain what the final diagnoses and names of operations are written according to acceptable terminology. All the information required for his portion of the insurance form can be found on the medical record. By integrating the accumulation of data required for the insurance form and the data required

(concluded on page 77)

## Coming Conventions

- April 25-30—Third International Congress on Medical Records, Edinburgh, Scotland.
- May 9 - 12—O.H.A. - A.C.H.A. Second Basic Institute for Hospital Administrators, Park Plaza Hotel, Toronto, Ont.
- May 18 - 20—Medico-moral Institute (Catholic Hospital Conference of Saskatchewan) Bessborough Hotel, Saskatoon, Sask.
- May 23 - 25 — Canadian Hospital Association Assembly Meeting, Park Plaza Hotel, Toronto, Ontario.
- May 30 - June 2—Catholic Hospital Association of the United States, annual convention, Milwaukee, Wis.
- June 12-16—The Canadian Society of Laboratory Technologists, 24th national convention and annual meeting, Sheraton-Mt. Royal Hotel, Montreal, Que.
- June 13-17—Canadian Medical Association, Annual Meeting, Banff, Alta.
- June 13 - 17—Canadian Society of Radiological Technicians, 18th convention, Macdonald Hotel, Edmonton, Alta.
- June 14 - 16—Canadian Dietetic Association, Queen Elizabeth Hotel, Montreal, Que.
- June 19-24—Canadian Nurses' Association, biennial meeting, Nova Scotian Hotel, Halifax, N.S.
- June 22-25—Canadian Physiotherapy Association, annual convention, Vancouver, B.C.
- June 27-29—Comité des Hôpitaux du Québec, annual convention, Provincial Exhibition Grounds, Quebec City, Que.
- June 28-July 1 — Maritime Hospital Association, Algonquin Hotel, St. Andrews, N.B.
- Aug. 28 - Sept. 2—International Society for the Welfare of Cripples, Eighth World Congress, Waldorf-Astoria, New York.
- Aug. 29 - Sept. 1—American Hospital Association convention, San Francisco, California.
- Sept. 6-9—Western Canada Institute for Hospital Administrators and Trustees, Queen Elizabeth Auditorium, Vancouver, B.C.
- Sept. 20-21—Catholic Hospital Conference of Alberta, 17th annual meeting, Jubilee Auditorium, Edmonton, Alta.
- Oct. 10 - 11 — Catholic Hospital Conference of Saskatchewan, Bessborough Hotel, Saskatoon, Sask.
- Oct. 10-14—American College of Surgeons, 46th Annual Clinical Congress, San Francisco, Calif.
- Oct. 12-14—Saskatchewan Hospital Association, annual meeting and convention, The Bessborough Hotel, Saskatoon, Sask.
- Oct. 18-20—Manitoba Hospital and Nursing Conference, Winnipeg.
- Oct. 24-26—Ontario Hospital Association, annual convention, Royal York Hotel, Toronto, Ont.
- Oct. 25 - 27—Associated Hospitals of Alberta, Edmonton, Alta.





## 2 SIMPLE CHANGES SAVED THIS HOSPITAL \$68 A MONTH ON HOT WATER ALONE!

RECENTLY, a Manitoba hospital called in their Procter & Gamble Technical Service Representative to check over their laundry operation.

After spending a day running tests and checking equipment, he suggested changes resulting in savings of about \$68. a month on hot water alone.

The two simple improvements he recommended also provided substantial savings in supplies. A saving in the amount of Ozonite used was obtained—plus worthwhile savings in alkali and sour. (In addition, the hospital laundry was able to reduce washing time by 20% !)

*Procter & Gamble's technical services are yours—  
at no cost or obligation. Call your P&G man now.  
His suggestions may result in substantial savings!*

Testing water level gauges, P&G man found two machines operating with four inches more hot water than necessary. This represented 150 gals. per load. Every day, each machine was wasting hundreds of gallons of water.



P&G man explained additional economies made possible by changes. Later tests showed tensile strength loss was lowered from 9% to 5.4%,—representing substantial savings. Also, formula times were shortened by 20%—increasing output of washfloor.



### FREE!

Get this valuable booklet, "LEAVE LESS TO LUCK". Full of facts on how to cut costs and ensure top quality. Write to: Procter & Gamble, 1320 Yonge St., Toronto, Dept. HS-4



**PROCTER & GAMBLE COMPANY  
OF CANADA LIMITED**

VANCOUVER • WINNIPEG • TORONTO • MONTREAL  
Makers of OZONITE and ORVUS



**Aging Population**  
(continued from page 41)

of an average age of 76 years, 66 per cent are admitted direct from home and 34 per cent transferred from other hospital wards. All go through the Rehabilitation Unit, which consists of between 65 to 70 beds where investigation, treatment, medical-social assessment and re-settlement are undertaken. Fifteen per cent become long-stay patients, but still require care and treatment. This unit requires a ratio of four long-stay beds to one acute bed, and is for chronic invalids and infirm patients unable to be discharged home or to residential care. Of the balance, or 85 per cent of the admissions, 55 per cent are discharged to home care or residential care, and receive a review of doctor, social worker, physiotherapist, and may attend out-patient department or occupational therapy. Five per cent require institutional care such as private nursing, home or psychiatric care, and finally 25 per cent die within 12 months.

**West Middlesex County Hospital**

The next geriatric unit visited was a part of the West Middlesex Hospital, Isleworth, where Dr. Marjorie W. Warren is the consultant physician. Many consider Dr. Warren the dean of geriatrics in Great Britain. And like the other units visited, the amount of treatment carried out on the wards of this unit was very impressive. At least 95 per cent of patients are up for some time during the day.

The many years of experience Dr. Warren has had in this field are amply demonstrated by the number and ingenuity of the various physical aids used to assist patients and demonstrates her enthusiasm and resourcefulness. Dr. Warren has stated that physical medicine and developed use of physical agents mark one of the great advances in medicine in modern times. She points out that some of the newer and lighter materials such as plastics for light splinting, make it possible and practical to provide help which was impossible to do with heavier cruder materials in the past. She divides medical aids into three sub-headings: (a) aids for personal needs (b) supports and (c) invalid chairs and propulsion machines. When this unit was visited many aids of various types were noted to be in use. Tripods made of an aluminum alloy, adjustable in height, and tetrapods made of

wood, both designed by Dr. Warren, were in common use. Guthrie Smith frames were in use for exercising and also supporting paralysed limbs and were also being used in conjunction with pulleys, so that a patient could assist himself, get some exercise and lighten the load of the nursing staff. There were also in use some simple items, such as a piece of scantling 2"x4" about four feet long. These were placed on the floor against the ends of the bed and used by patients to prevent their feet from slipping as they exercised in raising themselves from a chair and grasping the end of the bed.

There are multiple uses for small pillows, foam rubber and plastic covered, which are used for raising a patient or making him comfortable for forcing him into a correct posture while exercising. Heat treatments of various types are carried out on the wards. All this equipment requires a good spare ward equipment room. At least two self-propelled toilet chairs are required for each ward of 25 to 30 patients, and toilet stalls should be of sufficient size (approximately 5'x6') to allow the patient to manipulate these chairs. Bathrooms of sufficient size to allow for a free-standing bath, hydraulic lift, weigh scale and sufficient space to manoeuvre a stretcher are required. Hand rails are required throughout the unit, they should be 1½" in diameter and two inches clear of the wall, with supports coming from the underside of the rail. They are required in corridors, bathrooms, toilets and stairs (both sides).

A day room is essential for each floor and should be of sufficient size to accommodate 75 per cent of the patients which it serves. It should be home-like in appearance and if it is possible to have it open onto a terrace or hospital grounds, so much the better. Obviously, furniture throughout the unit must be sturdy to provide support; floors must be as non-skid as possible, and all types of sticks, tripods and tetrapods should be provided with rubber ferules to prevent slipping.

**Cowley Road Hospital, Oxford**

I was very fortunate to be able to spend two days with Dr. Lionel Z. Cosin, Clinical Director of the Cowley Road Hospital, and its allied annexes for the care and treatment of geriatric patients in the Oxford area. This hospital serves a population of some 250,

000, of whom 11 per cent—approximately 27,500—are individuals of pensionable age.

In answer to a question posed to Dr. Cosin when he gave a paper in the U.S.A. in 1956,<sup>2</sup> he summed up a principle in the care of the aged to which we, in Canada, should give serious consideration:

"The rate of intellectual and physical deterioration of persons in the age group under consideration is not so rapid as is generally supposed. If we eliminate the considerable quantum of institutional and domiciliary neglect that society has tended to accept in lieu of effective treatment of the aged, we find that the geriatric patient who survives a specific group of pathologic processes does not need to remain bedfast. Wherever the rehabilitation potential is maintained at a higher level than the rate of deterioration, the result is empty beds in the hospital for the aged."

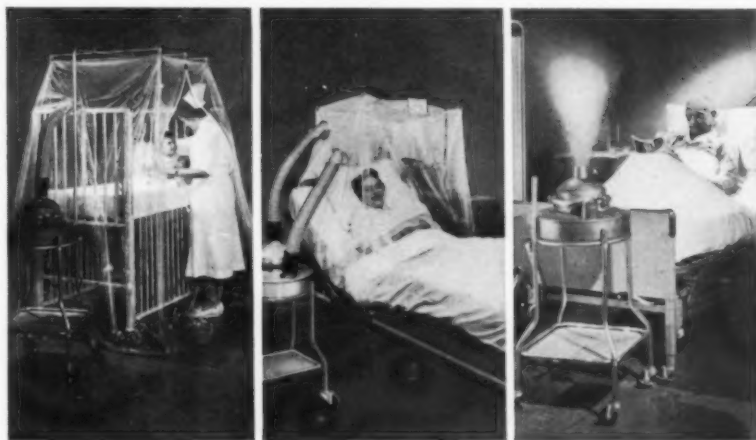
Since the last war, I believe, the institutional neglect referred to by Dr. Cosin, has been eliminated in the geriatric service he heads by replacing mere custodial care of the aged indigent, to a unit in the dynamic interactivity of community life. He described his new approach to patient assessment, where pathologic diagnosis is the first step followed by an assessment of psychologic need and sociologic assessment with respect to reintegration within the family group, and finally an assessment of the residual physical disability following the completed course of treatment. This process continues indefinitely through out-patient services and re-admissions to the unit when required.

In studying the case histories of a group of patients, aged 60 and over, admitted for custodial care in 1947 and 1948, it was found that nearly 40 per cent died within six months of admission, with the majority of deaths occurring within 30 days, and that slightly over 40 per cent were discharged within six months. It was evident then that 80 per cent of the admissions were patients suffering acute illnesses. One-hundred per cent of the patients were bedfast on admission, requiring 24-hour nursing service; 14 per cent were bedfast on the 90th day, but only three per cent after six months and 1.5 per cent after one year. Hence, long-

(continued on page 76)

<sup>2</sup> Lecture given 15th May, 1956, Kaiser Foundation Hospital, Oakland, California, by Lionel Z. Cosin, M.D., F.R.C.S.

# TRIPLE DUTY...



1. A Portable Bed-Size Fog Room for Children or Adults.
2. For High Humidity Therapy in Standard Oxygen Tents.
3. As a Room Humidifier including 4 Bed Wards.

*Walton*

## COLD STEAM® HOSPITAL HUMIDIFIER

Unique in concept and capabilities, Walton's Model HA was developed specifically to provide high humidity therapy in practically every medical department.

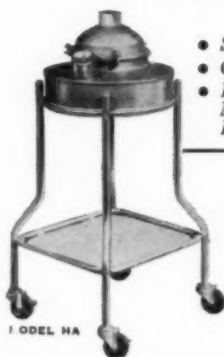
Its patented "Centrifugal Atomizer" produces such great quantities of vapor that a tremendously enlarged canopy could be designed . . . big enough to fit over an

entire bed, giving the patient — child or adult — complete freedom. It is, in essence, a portable, storable fog room.

Exclusive Walton features make this unit a necessity in every modern hospital where high humidity is desired for children, adults, in oxygen tents, or in rooms.

### MAKES NURSING CARE EASIER, TOO

- Special 60" Vertical Zipper for Easy Access.
- One Filling Lasts 8 to 10 Hours.
- Exclusive Walton "Flow-Thru" Feature for Ventilation Maintains Ideal Canopy Temperatures Without Ice, Drain Buckets or Drain Tubes.



MODEL HA

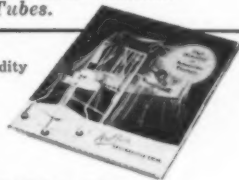
WRITE FOR FREE 8 page Humidity Therapy booklet and details of Auxiliary Gift Incentive Plan.

*Walton*

**LABORATORIES, INC.**

DEPT. HT, IRVINGTON 11, N. J.

CHICAGO OFFICE: 548 W. WASHINGTON BLVD., CHICAGO, ILL.



DISTRIBUTED BY —



THE **STEVENS** COMPANIES

TORONTO • WINNIPEG • CALGARY • VANCOUVER

every minute another life begins



## ... and 7% are premature

486,000\* babies will be born in the Dominion of Canada this year—and 7% will be premature. These premature infants should be given every chance for survival. Does your nursery have enough ISOLETTE® incubators?

The ISOLETTE incubator alone provides precise, continuous, fully-automatic control of temperature, humidity and oxygen—vital factors of the premature infant's environment.

When nursery air is used, only the ISOLETTE incubator insures maximal isolation by means

of the new ISOLETTE MICRO-FILTER. It removes all contaminants down to 0.5 micron in size. And if the exclusive outside connection is used, the ISOLETTE incubator provides a continuous supply of circulating, pathogen-free, fresh, outside air.

To be ready for the increasing number of premature births—and for optimal protection of even the tiniest infant—make sure your nursery has enough ISOLETTE incubators.

\*Dominion Bureau of statistics, 1959



**The ISOLETTE®** infant incubator

*Fisher & Burpe*

DIVISION OF AMERICAN HOSPITAL SUPPLY  
CORPORATION (CANADA) LIMITED  
Winnipeg • Edmonton • Vancouver

Ontario, Quebec and the Maritime Provinces

**AIR-SHIELDS CANADA, LTD.**

8 Ripley Ave., Toronto 3, Ont. Telephone: Roger 6-5444

# *Fresh relaxing atmosphere* **FOR MODERN HOSPITAL ROOMS**



## **SIMMONS** *Theme* **METAL FURNITURE**

The harmonizing colours and smart styling of the Theme line create the pleasant, restful atmosphere so desirable in hospital rooms. Equally important are the rugged practical qualities of this all-steel furniture.

Versatile—individual units are adaptable to an almost limitless variety of furniture arrangements.

Durable—constructed of high grade steel and carefully welded, all units provide lasting service and economy.

Easy to care for—the baked-on enamel finish is easily, quickly cleaned with the wipe of a damp cloth. Applied Zalmite tops and facings provide extra beauty and protection.

Ask your nearest Simmons office for complete information on the Simmons line of metal furniture and other specialized hospital equipment.

ILLUSTRATED IS THEME HOSPITAL ROOM No. 121 — choose from an extensive range of solid colour schemes and wood-grained Zalmite.

H-333A-3 Motorized Vari-Hite Bed

H-275 Over-bed Table

T-935 Dresser with 58 1/2" top and hairpin leg

T-909 Chair

H-762 Ottoman

T-926 End Table

T-904 Chair

T-933 Bedside Cabinet

# **SIMMONS LIMITED**

MONTREAL

TORONTO

WINNIPEG

VANCOUVER



**Aging Population**  
(continued from page 72)

stay annexes of various categories were provided for those patients who have overcome their illnesses sufficiently to meet a new situation.

Dr. Cosin has organized his service into various units based upon the assessment of need. First is the diagnostic and treatment unit of 70 beds for patients requiring 24-hour medical and nursing care. This in turn has about ten beds, where oxygen and suction are available and intensive treatment is given. Patients normally stay only a few days in these beds. The majority of beds are used for convalescent patients with less rigid routines, but with similar medical and nursing care, treatment and investigation as for the ten intensive treatment beds. The work of the clinical psychologist, medical social worker and physical rehabilitation all commence in this unit.

1. *Long-stay annex for the ambulatory patient.* This unit is organized on the basis that patients fit to return home and live alone, must prove capable of doing without nursing aid at night and only minimal nursing care during the day (Dr. Cosin's unit consists of a 20-bed dormitory staffed by two aides). There is what is known as the Independent Unit of 11 single bedrooms. Here patients make their own beds, dust their own rooms and generally help run the small unit on a group-psychotherapeutic basis. When they realize that they are virtually independent, they are considerably reassured as to their social confidence, as is their family, and this is a valuable means of re-settlement back in the community.

2. *Long-stay annex for the frail ambulatory patient.* Patients 80 years or older are not physically fit to live alone in the ambulant annex and also certain other persons, who although physically independent need medical and nursing supervision during the day and night but not bedside nursing care, occupy the unit. There are 110 beds in this rehabilitation annex containing the type of equipment aids as mentioned in Dr. Warren's unit, for as Dr. Cosin believes, physical treatment in the field of geriatric medicine can be the basis of restoration and independence. Here the patients have the responsibility of making their own beds, cleaning their rooms and planning, preparing and cleaning away one meal daily.

3. *Long-stay annex for patients in a state of senile confusion.* Forty beds are provided for patients in this category. Dr. Cosin points out that the majority of these patients are seriously ill and their life expectancy is poorer than that of any other group.

It can be seen that the organization of the geriatric units visited are based upon the recognition of degrees of disability, and further, that relatively few hospitalized elderly patients need be bedfast. In 1949 the Cowley Road Hospital of 260 beds, plus two small units of about 60 beds each, totalling 370 beds, were full of bedfast patients. Now the Cowley Road Hospital has 184 beds, a reduction of 76 beds. Instead of admitting patients at the rate of approximately 200 yearly, they now admit 1,400 patients yearly, to about the same number of beds. The average age of patients has risen from approximately 68 years in 1947 to 74.9 years in 1956, and is perhaps higher today, although the hospital is receiving an increasing number of brain injury cases in young people following road accidents, which might tend to lower the average age of patients on admission.

A very fine one-storey day hospital has been constructed recently where patients living at home are called for in the morning and returned in the evening. They spend their day in the unit where occupational and physical therapy play a large part. As well as this service, the hospital has a large holiday admission program, wherein patients are admitted for short periods because of social urgency. A high re-admission rate is a part of the service to the community. Such a program encourages families to accept rehabilitated patients with confidence, knowing that if any social emergency does arise, the hospital is willing to help in a very practical way.

Finally, Dr. Cosin,<sup>2</sup> when discussing the care and treatment of the geriatric patient, pointed out that two fundamental errors have been made. First is the facile acceptance of the inevitability and irreversibility of pathological processes in the elderly. Mortality due to certain diseases has been reduced due to various therapeutic agents, and morbidity in the elderly and some means of its reduction

have become of great importance, as the hospital stay of this group greatly exceeds the average. Unless physical medicine solves the problem of geriatric rehabilitation, there will not be sufficient hospital beds. The second point is the failure to recognize the possibility of a restoration of physical activity in elderly patients with crippling conditions. With decreasing mortality rates and increasing morbidity rates of the elderly in the next two or three decades, there will be an increased problem of hospital accommodation. It is within the sphere of physical medicine to ameliorate this problem—if not to solve it.

In conclusion, may I say that a comparison of what I saw being accomplished in Great Britain with our own care of the geriatric patient, suggests that much remains to be done in that particular field in Canada. If we provide for custodial care only in our "chronic hospitals and nursing homes" we will require more and more beds to meet an ever-growing need. If we keep all aged patients, regardless of their degrees of physical independence in institutions providing 24 hours bedside nursing care, we will not have sufficient staff to cope with our needs. So it is in this field that there is a need for an integrated system of acute treatment with facilities for continuous treatment, both physical and psychological, convalescence and home care programs all developed under the enthusiastic and informed leadership of our medical profession.

There are a number of authorities in Canada who are very cognizant of the need for further studies and re-assessment regarding the care of our geriatric patients. This is emphasized by conferences that have been held recently in this regard, such as the Manitoba Conference on Aging, May 1958, and the Conference on the Aged and Long-term Illness held in Regina in June of this year. The wide scope of subjects discussed at these meetings augurs well for practical solutions for both hospitals and patients, to meet Canada's need in this all important field of health and welfare for our senior citizens.

The writer wishes to express his deep appreciation to Drs. G. F. Adams, L. Z. Cosin, and M. W. Warren, for the generous help given not only in describing the work being undertaken in their hospitals, but also for making

<sup>2</sup> Discussion on the Role of Physical Medicine in Geriatric Practice, J.R.S. of May 1953, Vol. 46, No. 5.

available a number of articles they have written, from which the writer has borrowed extensively.

#### Bibliography

- G. F. Adams and E. A. Cheeseman, 1951, Report on Medical and Social Problems of Old Age, N. Ireland; *Hospital Services for the Elderly Sick*; and *The Social Medicine of Old Age*.
- L. J. Cosin, Kaiser Foundation Med. Bulletin, Vol. 4, 1956—*A new Approach to the Problems of Geriatric Care*; Progress in Psychotherapy 1957 — *Current Therapeutic and Psychotherapeutic Concepts for the Geriatric Patient*; and R.S. of Med. Vol. 46—*Discussion on the Role of Physical Medicine in Geriatric Practice*, 1953.
- M. W. Warren, 1955, Physical Agents in the Treatment of Chronic Patients; Brit. Med. J. 1950, *Activity Advancing Years*; Med. Annual 1953, *Incontinence in Old People*; and Geriatrics Vol. 14, 1959, *Mental Confusion in Elderly Persons*.

#### Medical Records

(concluded from page 70)

for the monthly statistical report we have devised a system that is for us, accurate, efficient, and economical. This is but one illustration of what a medical record department can accomplish above the basic requirements.

In conclusion I would like to draw your attention to the rôle of the medical records committee of the medical staff and that of the hospital superintendent. The medical staff should be encouraged to select members for this committee who will be willing to review records, report to the staff and act as consultant to the medical record librarian. The medical record librarian is directly responsible to the superintendent. It is the responsibility of the superintendent to set the department's policies and to support the medical record librarian in the performance of her duties.

A dedicated librarian with the wholehearted support of the superintendent and medical staff can achieve a medical record department of which the entire hospital can be proud, whether the hospital in which she works has 50 or 500 beds. ■

#### Tentative Program for Coming Convention

The Convention of the Canadian Society of Laboratory Technologists is to be held in Montreal from June 12 to 16. Included in the tentative program are scientific sections on histology, haematology, bacteriology, biochemistry and blood banking.



A  
Helpful  
Source-

## THIS CATALOGUE

OVER ONE HUNDRED TEXTILE  
ITEMS are illustrated and described.

FOR HOSPITAL USE — products  
especially designed and  
manufactured for your special  
requirements. That's all we do  
and we try to do it well!

FORTY YEARS are now behind  
Lac-Mac . . . you are invited  
to take advantage of this accumulated,  
and accumulating, "know-how".

HOSPITAL  
GARMENTS **Lac-Mac** LONDON  
LIMITED CANADA

SINCE 1920, SERVING CANADIAN  
HOSPITALS FROM COAST-TO-COAST

## Our Changing Food Industry (continued from page 54)

provides a safe dependable means of preserving a wide variety of foods at room temperature for extended periods of time.

Frozen foods are a relatively new and rapidly-growing segment of the food industry. Today's leading frozen food items include: vegetables, fruits, pot pies, concentrated juices, potato products, fish sticks, complete dinners, waffles, and pies. One of the main trends in frozen foods is toward more

complete preparation of food prior to freezing. At least one concern is developing a vending machine that will deliver a frozen dinner, heated and ready-to-eat for the mere effort of depositing sufficient coins.

Dehydration still offers interesting possibilities for producing good-quality convenience items in fruit juices, vegetables and potato products. It will continue to play an important part in large-scale feeding programs. Special processed items such as baby foods and dietetic foods have become promi-

nent in the food industry and will continue to increase.

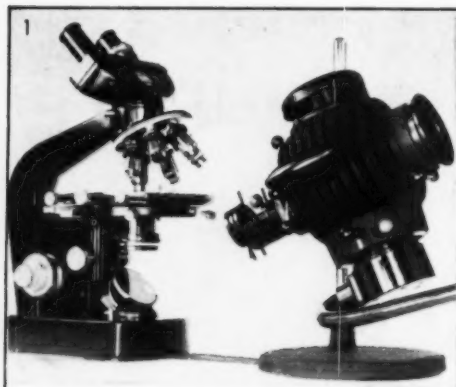
Processing concerns in general are becoming larger, fewer, and more diverse. Mechanization has markedly reduced the labour requirements. One machine can fill and seal several hundred cans or packages per minute. Washing, blanching, conveying, cooking, packaging, labelling, and warehousing are mechanical and continuous, and the larger the operation, the less the overhead cost. Automation will be the keynote of tomorrow's food processing plant with operations conducted from a central control room and inspection of product and process by closed circuit TV.

Food packaging is now an industry in itself. The trend has been from large to smaller packages, and in some instances, to individual servings. Collapsible tubes are on the increase for such products as meat and cheese spreads, mustard, ketchup, mayonnaise, peanut butter, honey, syrups, and toppings. A number of these are also marketed in aerosol containers and dispensed by means of an internal propellant through a valve on top.

### Future Developments

Industry and government research laboratories are continually seeking a more thorough understanding of the basic constituents of foods and their variations in order to improve the quality of present food items. They are also devoting much effort to the development of new raw materials and products and to more efficient production, processing, and distribution methods. New possibilities for food preservation include radiation sterilization and the addition of selected antibiotics. It will be many years however, before these are widely used as basic preservation methods. Their application will first be in combination with canning, freezing, or dehydration as means of further extending the storage life of perishable foods in attractive and palatable form. It may be necessary in the future to give greater emphasis to the nutritional aspects of foods. As consumers, we should be sure that the products we eat are supplying the needs of our bodies and not merely the fancy of our eyes or the limitations of our wallets.

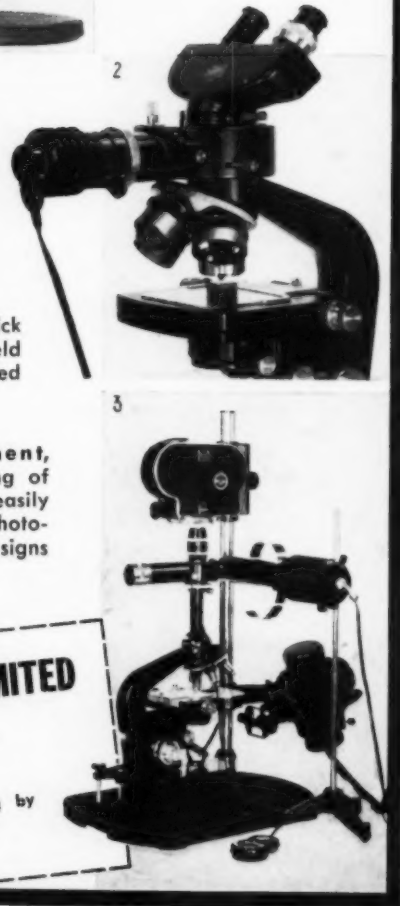
The consumer is in fact the ultimate judge of whether there should be more or less packaging, larger or smaller packages, fancy  
(concluded on page 82)



## WILD HEERBRUGG

**"New Accessories to  
Wild M 20 Research  
Microscopes"**

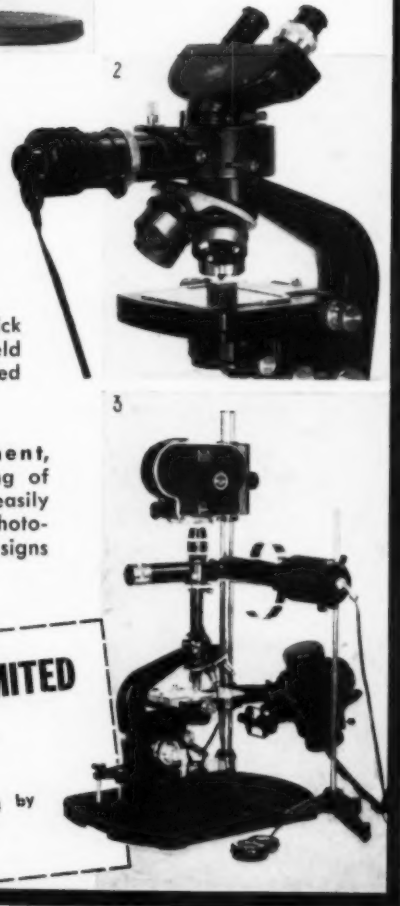
1. **Universal microscope lamp** with xenon or mercury vapour high pressure burner. Ideal illumination for photomicrography, microcinematography and fluorescence microscopy.
2. **Incident light equipment**, quick changeover from bright field to dark field and to polarized light.
3. **Cinematic attachment**, simple and reliable focusing of preparation, frequencies easily determined with built-in photocell, projection of text and signs on running film.



### WILD OF CANADA LIMITED

157 MacLaren Street,  
Ottawa 4, Ontario

Agents across Canada/Service by  
factory trained technicians.





SOLVE  
YOUR HOUSEKEEPING  
PROBLEMS...  
USE

# WABASSO

## "DOUBLE-DUTY" SHEETING

with the coloured selvage edge

 <b>63" WIDE</b> <b>YELLOW</b> SELVAGE EDGE	 <b>72" WIDE</b> <b>BLUE</b> SELVAGE EDGE	 <b>81" WIDE</b> <b>GREEN</b> SELVAGE EDGE
---	---	---

Sorting the laundry is easier, quicker, when your sheets are edged in different colours that tell at a glance which are narrow, medium, wide. Wabasso "Double-Duty" heavy quality sheeting has been especially woven to withstand the hard usage of hospitals and institutions and is now the standard requirement of many such establishments from coast to coast. Specify "Double-Duty" with the easy to identify coloured selvage on your next order.

### THE WABASSO COTTON COMPANY LIMITED

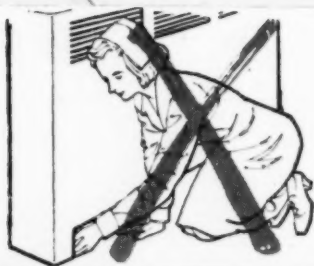
Order **MADE-IN-CANADA** Wabasso cottons from your hospital supply house or local wholesaler.





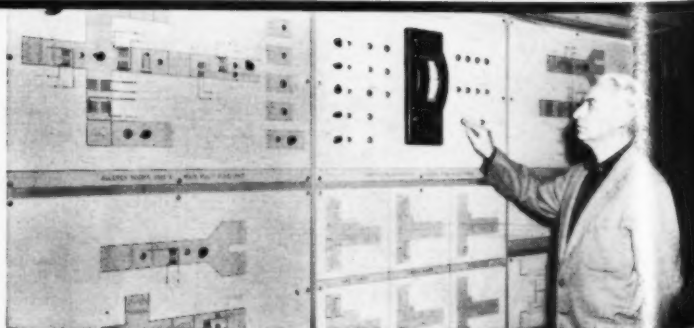
At Misericordia Hospital, Winnipeg

# individual room control with the fre cho



**JUST AS THE DOCTOR ORDERED.** Honeywell Round allows physicians and surgeons to "prescribe" room temperatures. It frees nurses from "chambermaid chores" such as adjusting radiator valves, opening and closing windows, carrying blankets, and refilling hot water bottles.

**AUTOMATIC CONTROL FOR OPEN AREAS.** From the Honeywell Supervisory Data Center ONE MAN can monitor equipment and control temperatures in corridors or other open areas. Without a Supervisory Data Center it would be necessary to have a crew checking equipment, measuring temperatures and adjusting controls for optimum performance.



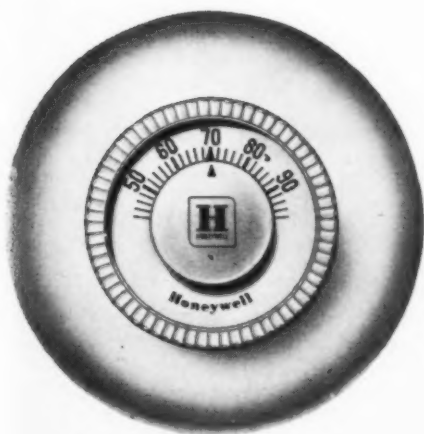
# With the Honeywell Round freed busy nurses from chambermaid chores, reduces fuel wastage

The private thermostat on the wall of the modern hospital room saves time and steps for busy nurses, holds down fuel costs

Individual room control with the Honeywell Round in the fully air-conditioned new Cornish Wing of the Misericordia Hospital relieves nurses of time-consuming, nuisance complaints about temperatures . . . eliminates need for constant adjusting of radiator valves and windows. Individual room temperature control with Honeywell Rounds provides increased saving in fuel and power costs by eliminating heating and

cooling waste . . . delivers full value for every heating and air-conditioning dollar. And, of course, it permits prescribing the correct temperature for every patient.

Individual room temperature control with the Honeywell Round can be installed room by room, floor by floor, or wing by wing in any building as part of a progressive modernization plan. No tearing out of walls or redecorating is necessary.



Get complete information by calling your local Honeywell Office, or write Honeywell Controls Limited, Commercial Division, Toronto 17, Ont.

## Honeywell



*First in Control*  
SINCE 1885

**Our Changing Food Industry**  
(concluded from page 78)

or mediocre quality, etc. by simply expressing judgment in the grocery basket. Science and technology, while providing the changes, are the servants and not the masters. The changes and desires are introduced only as we are willing to accept and pay for them.

It would seem that an orderly development of the food industry of tomorrow depends upon: the introduction of a moderate number of new products each year, the

maintenance of a stable proportion of the income dollar for food, and a confidence of the buyer in the quality of food products that are masked or hidden by packaging. It depends also on the maintenance of adequate nutrient retention in foods as they pass through the various processing and marketing channels, and on further improvement in the colour and flavour of certain food products. It will be increasingly important to maintain a broad understanding between the various segments of

the food industry and to assure that the technological advances and developments are for the benefit of the industry generally and for the population as a whole.

**Rehabilitation of the Handicapped**

Skills Unlimited is a four-year-old, non-profit organization set up by a group of Montreal businessmen to help provide employment for handicapped people. The organization accepts contracts and sub-contracts for a wide variety of jobs, and during the last four years has paid out about \$200,000 in wages to some 120 handicapped people. In the same period the organization has trained 32 employees for regular jobs in outside industry, and its employees have paid \$10,000 in income tax, and saved a further \$10,000 in government disability allowances to the taxpayer.

Dr. Wilder Penfield, Montreal neuro-surgeon, speaking at a dinner given by the handicapped workers of Skills Unlimited Inc. to their Board of Management, said: "Here is a splendid demonstration of the way courageous men, when rehabilitated, can support themselves, not asking for charity... But this should be only a beginning. They need much greater space and this shop should be duplicated here and all across Canada."

**Meeting of Clinical Chemists**


The Canadian Society for Clinical Chemistry and the American Association of Clinical Chemists will hold their annual meetings jointly in Montreal at the Queen Elizabeth Hotel on August 29th, 30th and 31st, 1960. It is expected that over 400 persons will attend the combined meeting, and that more than 70 scientific papers will be presented, covering all phases of clinical chemistry. There will also be scientific and commercial exhibits, special lectures by outstanding clinical chemists, and entertainment, including a civic reception on Mount Royal. Further details may be obtained by writing to Dr. Eleanor Harpur, Montreal Children's Hospital, Montreal, Chairman of the local committee.

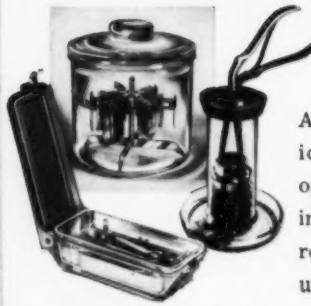
Titles of papers to be presented at the meeting must be submitted, along with abstracts of not more than 200 words, to Dr. D. B. Tonks, Hospital for Sick Children, Toronto 2, Ontario, before May 1st, 1960.

Application forms for membership in the Canadian Society may be obtained by writing to Dr. Tonks.

**SPORICIDAL**  
**TUBERCULOCIDAL**  
**BACTERICIDAL**  
**VIRUCIDAL**  
**FUNGICIDAL**

**BARD-PARKER**  
**FORMALDEHYDE**  
**GERMICIDE**






A powerful, time-conserving chemical disinfectant for use in pre-operative preparation of surgical instruments. Non-rusting, non-corrosive, it protects and prolongs the useful life of surgical 'sharp's.'

B-P INSTRUMENT CONTAINERS—companion items for use with Bard-Parker GERMICIDE

*Ask your dealer*

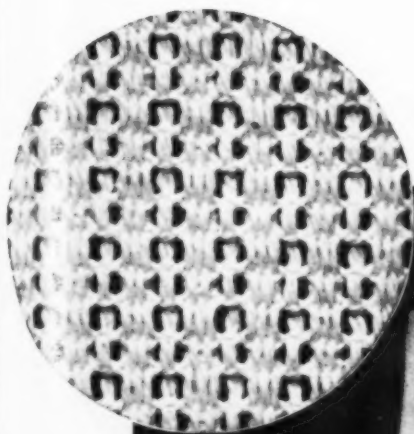


**BARD-PARKER COMPANY, INC.**  
DANBURY, CONNECTICUT  
A DIVISION OF BECTON, DICKINSON AND COMPANY

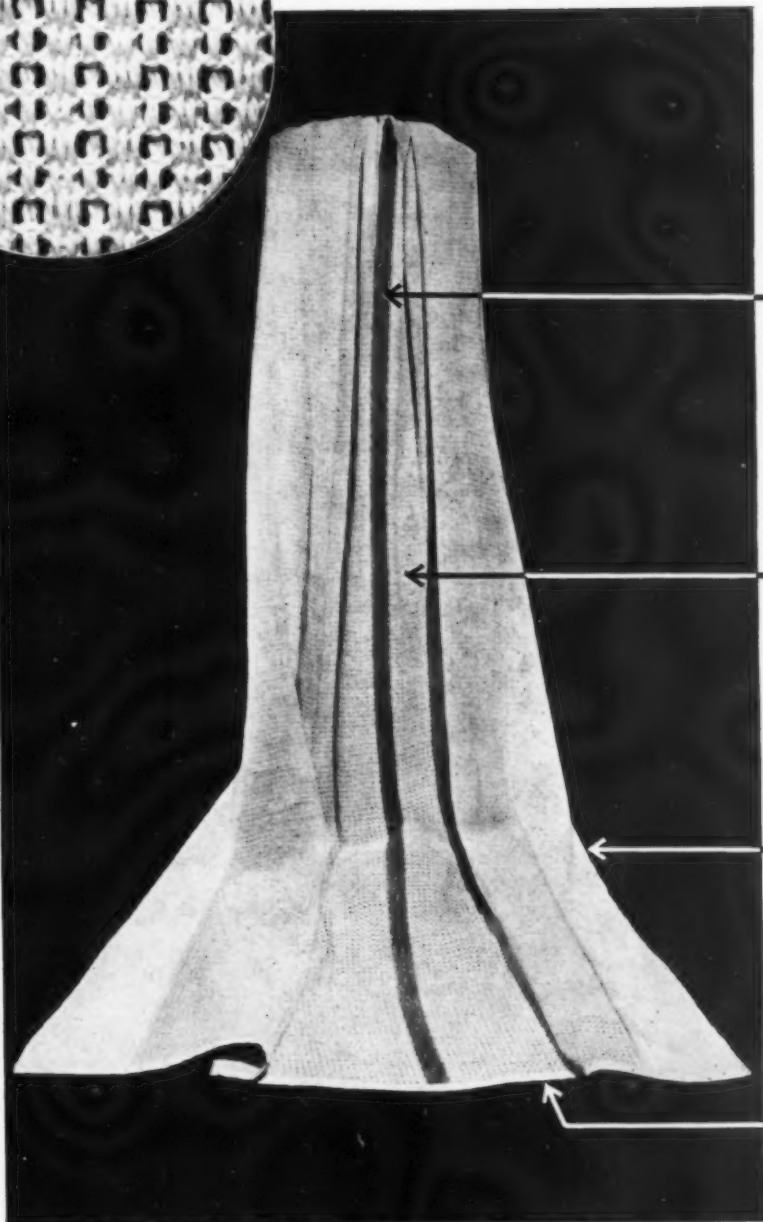
B-P is a trademark

To help solve a problem **'CELLOLITE'**

## COTTON CELLULAR BLANKETS



Clean, sterile blankets are one means of reducing the risk of cross infection . . . Cellolite cotton cellular blankets fill this need. They withstand the strain of repeated washing at high temperature. Laundering greatly improves texture and thermal efficiency. **NON-STATIC.**



Cellular Leno Weave for maximum warmth and comfort with minimum weight.

3" Selvedge Edges to prevent snagging on springs and to prevent fraying.

Firmly bound edges of 1" cotton tape to retain shape and prolong blanket life.

SIZES: 36" x 46"  
60" x 84"  
78" x 94"

Write for full details



### SMITH & NEPHEW, LIMITED

5640 Pare Street

Montreal 9,

Quebec



**Provincial Notes**  
(continued from page 66)

ject is Stanley Roscoe, city architect, Hamilton.

Federal, provincial and county grants are expected to total \$810,000 with an additional \$250,000 being sought in public subscriptions, for the one-storey 65-bed Georgetown and District Memorial Hospital.

The Pembroke Cottage Hospital, Pembroke, is planning to build a \$775,000 three-storey addition. Plans are being prepared by architects Drever and Smith of

Kingston. The new addition will house extra active treatment beds, operating rooms, reception areas and other facilities. It is hoped that building will begin early this summer.

Tenders have been called for the completion of the third floor of the Alexandra Hospital, Ingersoll. The new floor will be designated for maternity and newborn care. The first and second floors will be re-allocated to take care of 15 chronically ill, and for medical and surgical care. Financing of the project will be possible

entirely by provincial and federal grants.

A United Counties' Council has approved a contribution of \$100,000 to Cornwall General Hospital, which will be used in the construction and equipping of a new 50-bed addition. The grant will be payable in five yearly amounts of \$20,000.

The Stratford General Hospital plans further expansion to accommodate 40 more beds. Total new construction of 18,000 square feet was included in the plans. Estimated cost of the addition is approximately \$1,000,000. Architects for the project are Marani, Morris and Allen of Toronto, with Agnew, Peckham and Associates as consultants.

New x-ray equipment for Toronto East General and Orthopaedic Hospital is provided through a \$23,995 grant from the Atkinson Charitable Foundation. The Foundation has also granted \$5,000 to help provide x-ray equipment for the expanded Leamington District Memorial Hospital.



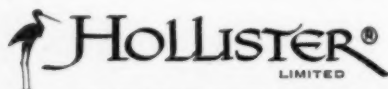
right  
from  
the  
beginning  
with

**Ident-A-Band®**

In identification, it's important to be right — right from the beginning. You can be sure a patient is correctly identified when you apply Ident-A-Band in the Admitting Office . . . before he goes to his room, before specimens are taken, before lab tests are made . . . before an error has a chance to slip in.

Ident-A-Banding takes only seconds of the Admitting Officer's time. You may choose the quick-sealing Original Seal Ident-A-Band (shown) or the new Clip-Seal Ident-A-Band which locks instantly with finger pressure.

If you want to be positive you must be sure the identification cannot be altered, washed away or transferred to another patient. Only Ident-A-Band gives you this assurance — the assurance of being right.



160 Bay Street, Toronto 1, Ontario

**Quebec**

The Canadian Council on Hospital Accreditation has accredited the Brome-Missisquoi-Perkins Hospital in Sweetsburg. The accreditation is a recognition of the quality of medical and hospital services offered by the hospital.

L'Hôpital St-Joseph in Rimouski is to have a new six-storey wing estimated at approximately \$1,000,000. A total of 125 beds will be added to the present 300 beds. The wing is to be built to the west of the hospital. Construction is to start this month. Architect for the project is M. Jean Michaud of Montreal.

General contract is awarded to Desaulniers Construction Ltd., for the construction of the new \$4,000,000 l'Hôpital Général Fleury in Montreal. The 11-storey hospital is to have 300 beds. The structure will have reinforced concrete foundation, stone and brick exterior, and floors of tile and terrazzo. Architects for the project are Roux and Morin of Montreal.

The City of St. Laurent, one of Montreal's largest suburbs, is to have a seven-storey 165-bed hospital. Cost is estimated at about \$3,000,000 and a financial campaign is being undertaken.

L'Hôpital Jean Talon Building  
(concluded on page 96)



Rollprufs  
White Latex No. RP-158  
Brown Latex No. RP-168



Rollprufs  
Green Neoprene  
No. 75-LW



Rollprufs  
Rough Textured Grip  
No. RP-169R



Quixam  
White Latex or  
Green Neoprene  
Examination  
Gloves



Nimble Fingers  
Tissue-thin  
Pylox Gloves  
No. V-10



Obstetrical Glove  
White Latex No. OB



Pioneer  
Utility Gloves  
Yellow Neoprene  
Flock-lined  
No. U-35



Pioneer Banded  
Rolled Wrist Gloves  
White Latex No. CB-38  
Brown Latex No. CB-48



Pioneer Plain  
Rolled Wrist Gloves  
White Latex No. 22  
Brown Latex No. SQ-77

# A Long-Lasting **PIONEER** Medical Glove To Fill Every Hospital Requirement

## ★ Four Famous ROLLPRUF® Surgical Gloves

Flat-Banded Beadless Wrists...won't roll down during surgery.

Colored Bands and Multi-Size Markings...reduce costs by speeding up glove sorting.

Size 6½...Blue      Size 7...Red      Size 7½...Black  
Size 8...Green      Other Sizes...Yellow

Pair-for-Pair Uniformity...every pair is the same thickness within 1/1000th of an inch tolerance...no thin spots to wear through or tear.

Extra Long Service...made of virgin latex specially processed to prevent the ozone cracking that shortens the life of many rubber products.

Four Styles to Choose From...

RP-158 Color Banded White Latex  
RP-168 Color Banded Brown Latex  
75-LW Green Neoprene for Persons Allergic to Rubber  
RP-169R Color Banded Brown Latex with Non-slip grip

★ Two QUIXAM® Examination Gloves...One Glove Fits Either Hand...no sorting, no broken pairs. Short Wrists...easy to put on and remove.

Two Styles to Choose From...

Quixam Latex...White Latex  
Quixam Neoprene...Green Neoprene for Persons Allergic to Rubber

★ Nimble Fingers™ Tissue-Thin Utility Gloves...For Medical Utility Jobs Requiring Maximum Finger Sensitivity and Dexterity, V-10—Translucent Lemon Pylox.

★ PIONEER White Latex Obstetrical Gloves...18" Elbow length for complete protection.

★ PIONEER U-35 Utility Gloves...of flock-lined yellow neoprene for hospital housekeeping.

★ PIONEER Banded Rolled Wrist Gloves...of White Latex (CB-38) and Brown Latex (CB-48).

★ PIONEER Plain Rolled Wrist Gloves...of White Latex (No. 22) or Brown Latex (SQ-77).

All PIONEER Latex Gloves Exceed Federal Specifications ZZ-G-421a

**the PIONEER** Rubber Company Willard, Ohio, U.S.A.

Immediate Delivery From:

MONTREAL—Ingram & Bell, Limited  
TORONTO—Ingram & Bell, Limited  
WINDSOR—G. A. Ingram Company (Canada) Limited

WINNIPEG —Ingram & Bell, Limited  
Campbell & Hyman, Limited  
CALGARY —Ingram & Bell, Limited  
VANCOUVER—Ingram & Bell, Limited

# Canadian Hospital

The *Canadian Hospital* is published monthly by the Canadian Hospital Association as its official journal devoted to the hospital field across Canada.

The subscription rate in Canada, U.S.A., and Great Britain is \$3.00 per year. The rate for each additional subscription to hospitals or organizations having a regular subscription (and personal subscription for individuals directly associated with them) is \$1.50 per year. The rate to other countries is \$3.50 per year. Single copies when available, are supplied at 50c each.

## SUBSCRIPTION APPLICATION

To the Canadian Hospital Association,  
25 Imperial St., Toronto 7, Ont.

Please enter subscription to *The Canadian Hospital* for one year as indicated below.

Name .....

Hospital or organization .....

Position .....

Mailing address .....

Payment enclosed \$.....

Or, send invoice to .....

## Provincial Notes

(concluded from page 84)

Fund has collected 96 per cent of its \$3,000,000 objective. The new wing of l'Hôpital Jean Talon in Montreal, to be officially opened next month, will provide 274 more beds, 64 cribs and a residence for 14 interns.

Because one of the members of his family has already benefited from the services of an artificial heart-lung, a Montreal resident has donated \$13,000 to defray the cost of a similar machine to be installed at l'Hôpital Notre-Dame in Montreal.

## Newfoundland

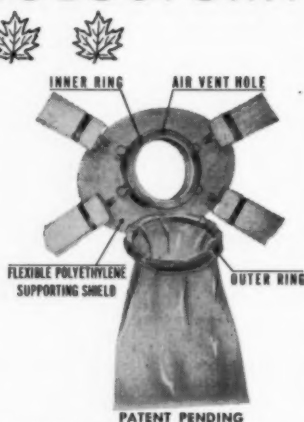
It is hoped that tenders will be called in May for the proposed new Central Newfoundland Hospital at Grand Falls. The hospital will have 129 beds at an estimated cost of \$2,000,000, with the community, and the provincial and federal governments contributing roughly one-third each.

Middle-age is when you have met so many people that every new person you meet reminds you of someone else, and usually is.

—Ogden Nash

## A. B. C. COLOSTOMY

- 1—Simple
- 2—Guaranteed
- 3—Odorless  
Sanitary
- 4—Economical  
Dependable
- 5—Lightweight  
Comfortable



AVAILABLE ACROSS CANADA THROUGH SURGICAL  
SUPPLY HOUSES SUCH AS:

**THE J. F. HARTZ COMPANY  
LIMITED**

TORONTO — MONTREAL — HAMILTON — HALIFAX

**McGILL & ORME LIMITED**  
VICTORIA, B.C.

**LEONARD FYSH LTD.**  
MOOSE JAW, SASK.

Manufactured by

**A. B. C. SPECIALTY CO.**  
Box 204, Postal Station Q, Toronto 7, Ont.

Order extra copies now

## 1960 Canadian Hospital Directory

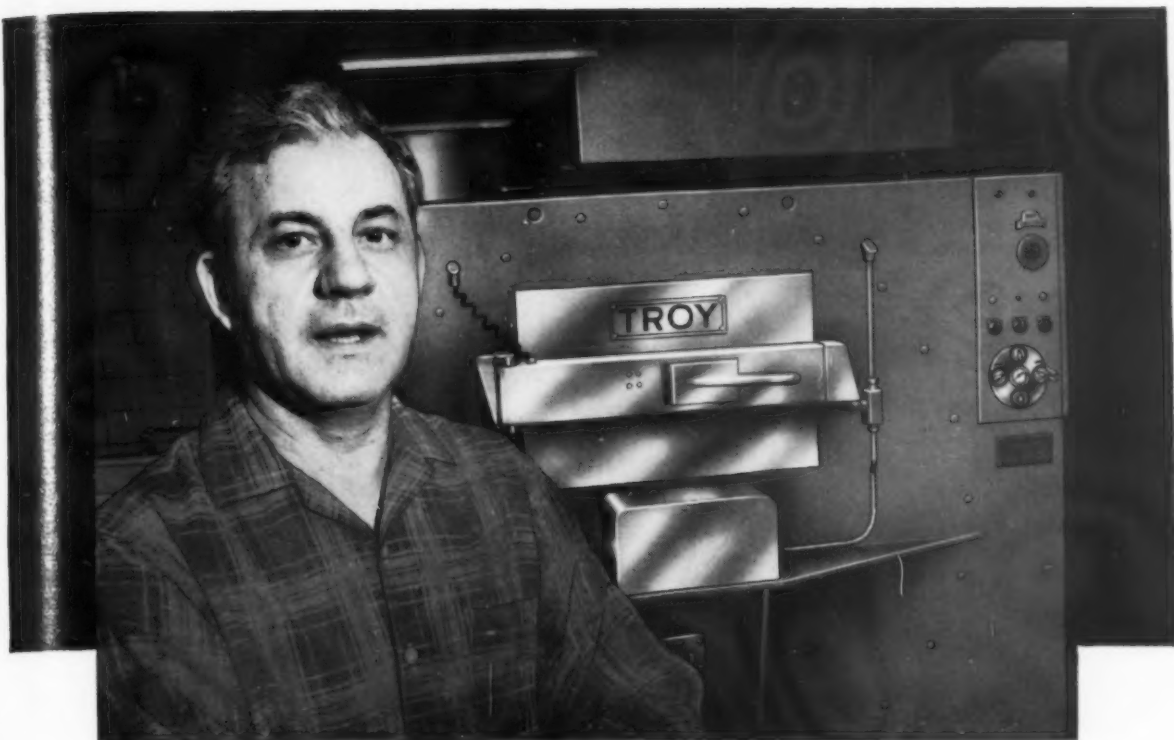
Check off the members of your staff whom you wish to receive a copy of the Directory and paste this ad on your letterhead.

WRITE IN NAME

- ☐ Assistant administrator .....
- ☐ Business manager .....
- ☐ Medical director .....
- ☐ Purchasing agent .....
- ☐ Director of nurses .....
- ☐ Chief pharmacist .....
- ☐ Medical record librarian .....
- ☐ Radiologist .....
- ☐ Pathologist .....
- ☐ Chief housekeeper .....
- ☐ Dietician .....
- ☐ Laundry manager .....

PRICE: \$2.50 per copy, \$2.00 per copy in quantities of 5 or more.

**Canadian Hospital Association**  
25 IMPERIAL ST. TORONTO 7



## Troy WX® washer-extractor pays for itself

*A first person report by John Frantonius, Chief Engineer, Highland Park Hospital, Highland Park, Illinois.*

"Our existing laundry facilities couldn't handle the extra laundry from a 35-bed Medical Pavilion acquired three years ago by the Highland Park Hospital Foundation. So it was done outside, at a cost of \$7,200 a year. To lower this cost and increase our productivity to handle another 60-bed expansion, we purchased a 375 lb. TROY WX WASHER-EXTRACTOR, replaced a 40 lb. tumbler with a 100 lb. TROY Tumbler, and replaced a two-roll ironer with a 120 in., six-roll TROY SPEEDLINE Ironer.

"With our new TROY WX, we've increased our daily productive capacity 50.7%, slashed per load production time 22%, raised our total capacity 87.5%, and substantially reduced our production costs. In fact, the savings on Pavilion laundry costs alone will more than pay for our new TROY WX WASHER-EXTRACTOR!

"Laundry working conditions are improved, too. The Difurcator fan on the TROY WX eliminates the rush of

steam after extraction plus improving extraction so clothes come out just damp enough to be put directly into the ironer. The laundry stays cleaner because we're removing virtually dry clothes from our TROY WX . . . floors don't have to be mopped dry.

"We like the TROY WX features of spray-rinse suds removal and automatic dispensing of soap additives during cycle phases, too.

"We checked the products of three other manufacturers before purchasing, and we are very satisfied with our decision. We feel that we have received a superior product. The savings that are anticipated will pay for the TROY WX WASHER-EXTRACTOR in 2½ years."

*Whether you're planning a new hospital laundry or an expansion of your present one, there's a TROY WX WASHER-EXTRACTOR to meet your needs most economically. Available in 25 lb., 100 lb., 200 lb. and 300 lb. capacities.*

**Troy**®  
**WX**  
**WASHER-EXTRACTOR**  
 T.M.  
 100 Lbs. • 200 Lbs. • 375 Lbs.

Write Dept. CH-460 for detailed bulletin

**LAUNDRY MACHINERY**  
 (Canada) Ltd.

132 McCaul Street  
 Toronto, Ont.



## Twenty Years Ago

From "Canadian Hospital",  
April, 1940

### Have You Thought of This?

The increased average height of the younger adults has been giving concern to hospitals which have been finding an increasing number of beds too short for the patients. Many hospitals have purchased a number of extra long beds. However changes should be considered elsewhere, too. In the kitchens and work rooms the tables are proving to be too low for many of the em-

ployees and the constant stooping tires them rapidly and frequently brings on chronic backache. The same situation applies to many tasks in the laundry and the laboratories. When new equipment is being ordered or built, this point would be worth keeping in mind.

\* \* \*

### Canada First!

It is interesting to learn that Canada was the first country to accord military rank to women. After the return of the nurse volunteers for South African service, the Canadian government gave

them placement on a Reserve list in the active militia. In 1904 the women on this list were given the relative rank of "lieutenant", which placed them in authority over privates and non-commissioned officers whose status was relatively below their own.

\* \* \*

The Stratford Women's Hospital Aid members were hostesses at a community St. Patrick's Tea, when a large number of citizens displayed interest in the work being done for the hospital. Nearly two hundred dollars was realized to assist in this work.

\* \* \*

### Conference on Nomenclature Held in Chicago

The National Conference on Medical Nomenclature which was of interest to all hospital workers was held in Chicago on March 15 at the head-quarters of the American Medical Association. The proposed revision of nomenclature, which was promised two years ago when the American Medical Association acquired the Standard Classified Nomenclature, is to take place this year and the Chicago conference was the first official step. Discussion of particular interest to hospitals centred on the problem of the small hospitals and the question of completeness with simplification in revision. The effect of revision upon education, clinical research and morbidity statistics was also considered at some length. Revision of the nomenclature is to be under the direction of the editorial department of the American Medical Association and has been specifically assigned to Dr. E. P. Jordan. A recommendation passed by the conference asked that a committee be appointed to confer with Dr. Jordan in the final decisions on policy and revisions.

\* \* \*

The Porteous Pavilion, named in honour of Dr. Porteous, superintendent of the Verdun Protestant Hospital, Montreal, for the past 37 years, will be ready for occupancy in July.

### April — "Cancer Control Month"

This month has been chosen by the Canadian Cancer Society to be "Cancer Control Month" in Canada. The 1960 campaign of the society is now under way. The slogan is again "Fight Cancer with a Check-up and a Cheque". The national objective has been set at \$2,967,500 to continue research, education and welfare services in the fight against cancer.

## MISS PHOEBE

NO. 33 IN A SERIES



"They weren't going to let me come, but I told them that Everest & Jennings were the names of two St. Bernards."



New, Lightweight  
Everest & Jennings chair  
weighs only 24 pounds!

That "go-get-'em" spirit comes naturally to patients in Everest & Jennings chairs. Nurses, too, like their smooth, effortless handling.

But even dearer to hospital hearts and budgets is the fact that these chairs practically refuse to wear out.

In the long run, they cost you less.

Specify **EVEREST & JENNINGS** chairs  
for your hospital

EVEREST & JENNINGS, INC., 1803 PONTIUS AVE., LOS ANGELES 25, CALIF.

# HOTEL DIEU HOSPITAL, CHATHAM, NEW BRUNSWICK

ARCHITECTS: BELANGER & ROY, MONCTON



**THE RUSCO WINDOWS, PRIME AND INSULATING,  
ARE FINISHED IN WHITE ENAMEL BAKED-ON.**

Now you can plan with colours when you plan with RUSCO.

Two years ago, RUSCO introduced a wide choice of colour finishes to the renovating and insulating market on a test basis. The move proved so popular the finishes so durable that, now, all RUSCO windows for new construction

also are available in the full range of colours.

Investigate RUSCO colour. It is the newest of numerous features that make RUSCO windows worthy contenders for specification in buildings of almost every kind.



A PRODUCT OF CANADA

*For complete details call or write your nearest Rusco distributor*

## **RUSCO PRIME WINDOWS**

THE F. C. RUSSELL COMPANY OF CANADA LIMITED

730 Warden Avenue, Scarborough, Ontario

### **DISTRIBUTORS**

Rusco Windows-Doors (N.S.), P.O. Box 1445 North, Halifax.  
Rusco Prime Windows of New Brunswick,  
436 King St., Fredericton.  
Daigle & Paul Ltd., 1962 Galt Avenue, Montreal.  
Macotta Co. of Canada Ltd., 85 Main Street South, Weston, Ont.  
Supercrete (Ontario) Ltd., 578 S. Syndicate Ave., Ft. William.

Rusco Products (Manitoba), 1075 Ellice Avenue, Winnipeg  
Wascana Distributors Ltd., 2713-13th Avenue, Regina.  
also: 201 C.P.R. Bldg., Saskatoon.  
Capital Building Supplies Ltd., 9120-125th Avenue, Edmonton.  
also: 1223 Kensington Road, Calgary.  
Construction Products, 5776 Beresford St., Burnaby 1, B.C.

**Rapport du président**  
(continued from page 47)

Ce travail est actuellement en cours et d'ici quelques mois nous pourrons vous communiquer les grandes lignes de ce rapport qui fera connaître la nécessité d'avoir des pharmaciens dans les hôpitaux et la ligne de conduite qu'il nous faut suivre pour établir sur des bases solides et d'une façon définitive, l'entente qui existe entre l'Association des hôpitaux du Québec et le Collège des Pharmaciens de la province.

**Relations Extérieures**

A la demande de l'Association des Infirmières de la Province de Québec, vos officiers ont rencontré avec elle, l'Honorable Ministre de la Santé, pour appuyer les demandes d'augmentation de salaires.

Votre président s'est fait l'interprète de tous pour justifier le mérite de leur cause et fournir les explications nécessaires. Je dois vous dire que cette rencontre s'est déroulée dans une ambiance sympathique et à la satisfaction de toutes les personnes présentes.

A la suite de cette rencontre, une réunion conjointe d'administrateurs et de directrices du nursing des hôpitaux de langue anglaise, a donné les résultats que nous connaissons tous.

Au mois d'octobre dernier le président avait l'honneur de conduire à Québec, chez l'Honorable Ministre de la Santé, une délégation composée des directeurs et des contrôleurs d'hôpitaux. Le Dr G. Turner, M. A. H. Westbury, le Dr G. LaSalle, messieurs Brais, Shannon et moi-même avons profité de la circonstance pour faire valoir nos points de vue sur les problèmes financiers de nos institutions.

L'Honorable Ministre de la Santé nous a accueilli d'une façon très cordiale et nous sommes sûrs que cette démarche a certainement joué un rôle dans les déclarations des deux derniers mois.

Je laisse de côté les multiples discussions personnelles que j'ai eues avec le Dr A. Leclerc, où je lui ai exposé en maintes occasions le rôle que joue notre Association dans le domaine provincial de la Santé.

Vos officiers ont utilisé, dans la plus grande mesure possible, la télévision, la radio et les journaux pour faire connaître non seulement les besoins des hôpitaux mais aussi les services immédiats qu'ils rendent chaque jour à la communauté.

Je rappelle tout simplement l'intervention que nous avons faite auprès de la Croix Bleue pour modifier la date de la mise en vigueur des tarifs dans les hôpitaux.

**Symposiums**

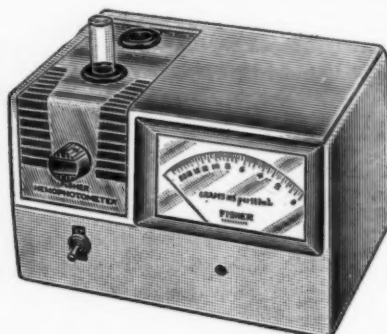
En 1959, l'Association poursuivant toujours son rôle d'éducation, a organisé plusieurs symposiums.

En mai 1959, un symposium sur la comptabilité et les statistiques hospitalières a eu lieu, où 139 participants dont 49 de langue anglaise y ont suivi avec beaucoup d'attention des conférences intéressantes.

Il n'y a aucun doute que les renseignements puisés à ce symposium aideront grandement à comprendre l'adhésion au futur plan d'assurance-hospitalisation.

En août 1959, un cours de comptabilité et d'économie politique, toujours en rapport de l'administration hospitalière, a réuni seize participants durant quatre semaines. Des professeurs de qualité ont exposé des principes fondamentaux et absolument nécessaires dans la pratique courante, de fournir à demande, des rapports documentés aux corporations, au public et aux agences gouvernementales.

**Read  
hemoglobin  
directly  
by  
Drabkin's method**



with the

**FISHER HEMOPHOTOMETER**



**A DIRECT-READING INSTRUMENT  
FOR THE FAST,  
ACCURATE DRABKIN TECHNIQUE**



The speed and accuracy of the Drabkin cyanmethemoglobin method of measuring hemoglobin in blood have gained nationwide acceptance for this sensitive technique.

The Fisher Hemophotometer is a modern instrument designed specifically for Drabkin's method. There's no problem of matching cells... no charts or computation. The technician simply prepares a blood sample... slips the test tube into the Hemophotometer... and reads the hemoglobin immediately, in grams per 100 ml of blood.



**IF YOU RUN  
HEMOGLOBINS**  
you'll want to use  
Drabkin's method  
and the Fisher  
Hemophotometer.  
Send for this  
detailed booklet.

**FISHER SCIENTIFIC LTD.**

ESTABLISHED 1926



**MONTREAL**  
8505 Deconshire  
Road (9)

**EDMONTON**  
Petroleum Bldg.-Rm.-210  
10041 102 St.

**TORONTO**  
245 Carlaw  
Avenue (8)

Canada's leading manufacturer-distributor of laboratory appliances and reagent chemicals

D-27b



## “...and a pickle on top!”

The food cravings of an expectant mother may be frivolous. Choosing the formula for her baby is not.

Farmer's Wife have the widest variety of specialized milks . . . a choice of five . . . so that you may prescribe the feeding best suited to each infant.

**Farmer's Wife**  
CANADA'S PREMIUM INFANT FORMULA MILKS

*With Vitamin D*

**Whole Milk  
Partly Skimmed Milk  
Skimmed Milk**

*With Vitamins C and D*

**Instant Prepared Formula  
(Whole Milk)  
Instant Prepared Formula  
(Partly Skimmed)**

*Easily and quickly prepared. Available in 1 lb. tins especially designed for convenient opening.*

0004



En novembre 1959, un autre symposium fut tenu sur l'administration et la direction du personnel. Cent vingt-sept participants, dont 22 de langue anglaise ont profité de l'expérience acquise par les chefs de ces départements, non seulement dans les hôpitaux mais aussi dans les industries. A la suite de ces assises, un vœu unanime de l'assemblée demandait à votre Conseil d'établir un comité permanent d'études de relations de travail.

En décembre 1959, deux symposiums furent tenus sur les méthodes de stérilisation et d'asepsie dans les hôpitaux.

Le premier au Royal Victoria, groupait 125 participants; le second tenu à l'Hôpital Notre-Dame, dix jours après, spécialement pour les hôpitaux de langue française, a enregistré 280 personnes.

	Nombre		Total Province	% Avg.
<b>Hôpitaux</b>	1959	1960		
Généraux	32	48	114	50
Spéciaux	15	19	65	33
<b>Total</b>	<b>47</b>	<b>68</b>	<b>179</b>	<b>44</b>
<b>Lits</b>				
Généraux	7,640	8,919	19,151	16
Spéciaux	3,775	6,114	12,666	61
<b>Total</b>	<b>10,415</b>	<b>15,033</b>	<b>31,817</b>	<b>44</b>
<b>Jours</b>				
Généraux	2,103,373	2,449,183	5,377,822	10
Spéciaux	1,180,051	1,182,842	3,005,202	0
<b>Total</b>	<b>3,283,424</b>	<b>3,632,025</b>	<b>8,383,024</b>	<b>10</b>

Je prends la liberté de vous rappeler que tous ces symposiums ont été tenus sous les auspices de l'Association des Hôpitaux du Québec, certains en collaboration avec le Service d'extension de l'Enseignement de l'Université de Montréal et les autres, grâce à l'hospitalité des

grands hôpitaux d'enseignement, membres de l'Association.

J'adresse, au nom du Conseil d'administration, nos plus sincères remerciements aux grandes industries, aux universités et aux institutions pour le magnifique concours qu'ils ont apporté en nous permettant de taxer leur désir de nous aider et surtout pour leur générosité.

## Fund Raising Organizations

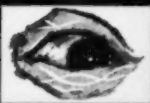


**LAWSON ASSOCIATES OF CANADA, LTD.**

HOSPITAL FUND RAISING CONSULTANTS

624-736 GRANVILLE STREET

VANCOUVER 2, B.C. MUtel 4-2618.



SEE a demonstration by a specialist

**WESCODYNE®**  
**"TAMED IODINE"**  
**HOSPITAL**  
**GERMICIDE**

NONSELECTIVELY DESTROYS  
**"STAPH"**

SPORES • T.B., OTHER BACTERIA  
 POLIO, OTHER VIRUSES • FUNGI

for FREE demonstration or literature address:  
**WEST CHEMICAL PRODUCTS LTD.,** 5621-23 Casgrain Ave., Montreal, Quebec  
 Offices: Calgary, Edmonton, Halifax, Regina, Toronto, Vancouver, Winnipeg



### Recrutement

J'en arrive maintenant à ce dernier item qui doit entrer dans le rapport des activités générales pour l'exercice qui vient de s'écouler et qui a trait au recrutement. Grâce au travail que vos officiers se sont réparti j'ai la vive satisfaction de vous annoncer une augmentation considérable dans le nombre de nos membres, dans la quantité de lits que nous desservons et dans la quantité de jours d'hospitalisation, que nous avons fourni aux malades qui nous ont été confiés. Le tableau ci-dessus en fait preuve:

Tels sont mes chers amis, les faits les plus saillants, extraits de notre livre des minutes pour l'exercice qui se termine aujourd'hui.

Ils démontrent, d'une façon indéniable, les progrès que notre association a réalisés dans plusieurs domaines.

Je ne vous cache pas qu'il reste beaucoup de travail à accomplir.

Notre mouvement reste des plus sympathique et j'ai la ferme conviction, qu'en continuant nos efforts, nous réussirons à faire disparaître les préjugés qui persistent en certains milieux.

D'aucuns répètent encore que nous sommes une association neutre; ils devraient plutôt être non-confessionnelle, car notre activité débordante est loin de la neutralité.

Nous n'avons qu'un seul but: grouper dans Québec et pour Québec, tous les hôpitaux sous la bannière de l'Unité afin de défendre de la meilleure façon possible les intérêts



*hospital accounting mastered*  
**̄ BURROUGHS**  
**ACCOUNTING MACHINES**

When Burroughs Typing Sensimatic accounting machine checks in at your hospital, modern descriptive accounting starts checking patients out—accurately, automatically and fast! Its rapid-fire, jam-free typing is a perfect preface to the great variety of jobs this money-saving machine will do. Samples:

- ADAPTS TO ANY ACCOUNTS PAYABLE SYSTEM. Suppliers' remittances prepared and items distributed to control accounts in one fast, easy operation.

- SAME MACHINE FOR ANY PAYROLL SYSTEM. Even incidental help is no payroll problem.
- SPEEDS, SIMPLIFIES PATIENT ACCOUNTING, too. Sensimatic's 19-total memory means that accumulated patient billing totals can be automatically distributed to the proper accounts.

Write for our free literature on hospital accounting plans or call a Burroughs representative at our nearby branch office for a demonstration. Burroughs Adding Machine of Canada, Ltd., Factory at Windsor, Ont.

Burroughs and Sensimatic—TM's.

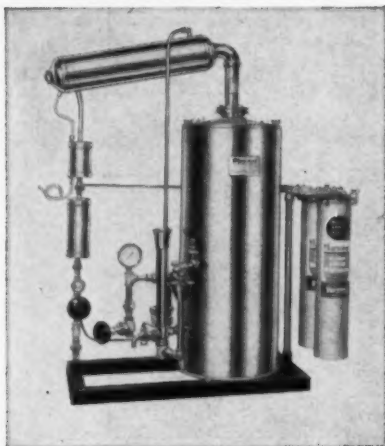


**Burroughs**

*"NEW DIMENSIONS / in electronics and data processing systems"*

## THE BARNSTEAD STILL

you never need clean



PRODUCES  
**PYROGEN-FREE  
DISTILLED WATER**  
OF HIGHEST PURITY

**NEW** Barnstead Condensate Feedback Purifier now available on all Barnstead Steam Heated Stills produces distilled water of higher purity and completely eliminates need of cleaning still.

**NO CLEANING:** Since pretreatment removes the mineral solids and hardness from the feedwater, no scale, hard deposits, or sludge can form within the still and neither the boiler nor the coil will ever require scale removal or scraping. Only maintenance needed is to replace cartridges occasionally. Operating cost is low as one set of cartridges will process several thousand gallons. Testing with Barnstead Purity Meter will indicate when cartridges need replacing.

**HIGHER PURITY** is guaranteed because feedwater is continuously and automatically pretreated by (1) evaporation in your steam boiler, (2) demineralization, (3) filtration for organic removal, prior to distillation within the still. This combination of purification methods results in much higher purity than can be obtained by one method alone.

WRITE FOR BULLETIN 145-A  
on the Still You Never Have To Clean.

**Barnstead**  
TRADE MARK REG. U.S. PAT. OFF.  
**STILL AND STERILIZER CO.**  
17 Lanesville Terrace, Boston 31, Mass.

BOSTON  
Jamaica  
4-3100  
CHICAGO  
Rogers Park  
1-5173  
LOS ANGELES  
RYan  
1-6663

NEW YORK  
Kingsbridge  
8-1557  
PHILADELPHIA  
LOCust  
8-1796  
SAN FRANCISCO  
Templebar  
2-5391

CLEVELAND  
Academy  
6-6622  
WASHINGTON, D.C.  
District  
7-1142  
DETROIT  
Enterprise  
7422

temporels, qui nous sont communs et de première importance.

Avant de procéder à la poursuite de l'agenda, je me permets d'offrir aux officiers du congrès, aux officiers sortant de charge, aux exposants, à la maison Clarkson-Conway et Associés, à la Firme Marcel Gagnon et Associés et en particulier à Monsieur Inkel, l'expression de notre plus vive gratitude pour la magnifique collaboration qu'ils ont apportée à la préparation de ce congrès. ■

### New Psychiatric Hospital

A new psychiatric hospital is to be built in Toronto, Ont. It will be called the Provincial Psychiatric Hospital and Institute and will replace the hospital on Surrey Place which has been operating since 1932. The 240-bed hospital will cost an estimated \$6,000,000.

There will be a children's and adults' out-patient wing and a forensic clinic, which will look after cases referred by the courts and social agencies. There will also be a day and night psychiatric service open to the public where they will be able to come at any time for advice.—*Ontario Government Services.*

### Hospital Public Relations Contests

Deadline for receipt of entries in the 1960 *Hospital Management* Public Relations Contest for the Dr. Malcolm T. MacEachern Awards is June 6. Reprints of the article describing the revised contest rules and entry requirements, published in the January, 1960 issue of *Hospital Management* may be obtained by writing: Public Relations Contest, Hospital Management, 105 W. Adams St., Chicago 3, Ill. The contests are sponsored by *Hospital Management* to encourage and stimulate the development of better hospital public relations.

### Institute on Dietetics

The Ontario Hospital Association and the Ontario Dietetic Association are again co-sponsoring an Institute on Dietetics to be held in the Roof Garden, Royal York Hotel on April 25, 26 and 27, 1960.

### Ulcers Anyone

According to the British Ulcer Research Trust as quoted in *The Brockville Recorder* "the myth of the executive ulcer has been exploded. Fewer ulcers are found proportionately among executives than among lower-paid persons doing routine jobs."—*The Globe and Mail*



When you consistently use A.T.I. Steam-Clox, you're no longer just operating an autoclave—you're safeguarding human life against infectious bacteria. An indicator of autoclaving only can give a false sense of safety. A.T.I. Steam-Clox indicators show you whether or not this autoclaving has actually resulted in sterility—give you assurance that the precise combination of Time, Temperature and Steam was achieved and maintained in the autoclave. When Steam-Clox warns you of any Steam or Temperature penetration failure, equipment as well as wrapping and loading techniques can be checked.

Don't wait for a staph problem or post-operative infection to say "faulty sterilization." Use A.T.I. Steam-Clox in every autoclave pack, and be safe.

### SEND FOR FREE TEST SUPPLY TODAY

Take advantage of this offer of a generous test supply of Steriline Bags in all sizes, manufactured by Aseptic-Therm Indicator Company. Please give your hospital address and your own title or duty assignment. Write to Dept. CH 4.



**The J. F. HARTZ  
Company, Ltd.**

32-34 Grenville St., Toronto 5, Ontario  
Also Hamilton-Montreal-Halifax



Why pay premium prices for  
a "no foam" machine dishwashing  
compound?



New improved Colgate **FORMULA 952** controls  
all foaming... is high in efficiency... yet  
actually costs no more than conventional  
machine dishwashing products!

**No foam**—Colgate Formula 952 creates no foam and controls all foaming and sudsing caused by aeration—maintains higher water pressure—reduces staining—ENSURES MAXIMUM MACHINE EFFECTIVENESS.

**High on efficiency**—not only does everything look cleaner... but tests show an amazingly low bacteria count on dishes and holloware washed regularly in Colgate Formula 952!

**Costs no more.** A product of famous Colgate research, laboratory controlled—Formula 952 washes more dishes, glassware and silverware per pound than other leading machine dishwashing compounds.

For further product and service information... call your Colgate representative. Or write:

**Colgate-Palmolive Limited,  
64 Colgate Avenue, Toronto 8, Ontario.**





### Alternatives

(concluded from page 43)

30 per cent municipal basis. The net cost of maintenance for all residents in homes for the aged would probably not exceed an average of \$2.00 per person per day. This amount includes the cost for caring for bed-ridden persons who require the greater proportion of the services rendered.

The homes for the aged program provides maximum care and

attention to elderly persons who might otherwise occupy hospital beds. The municipalities, as a whole, have been appreciative of this program and appear to be willing to provide additional facilities particularly to serve older persons who are chronically ill.

### Private Charitable Homes

In recent years there has been an increasing interest on the part of charitable organizations in

building and maintaining accommodation for older people. These homes are generally operated and maintained by religious and fraternal bodies. Almost all major religious denominations are represented with the Roman Catholic Church, the Salvation Army and the United Church in the forefront. There are several new buildings under construction or in the planning stages to serve as homes for the aged under private auspices. Capital costs for the construction of these homes are shared by the province in the amount of \$2,500 per bed or 50 per cent of the total cost of the project, whichever is less. The province also meets 75 per cent of the net costs incurred by the charitable organizations for the maintenance of the residents.

### Physicians' Services at Home

In many instances the medical profession can extend their services to patients within their own homes, perhaps to a greater degree than is prevalent today, rather than arranging for hospital care. All recipients of public welfare assistance are eligible for the services of the doctor of their choice at home or in the doctor's office on the basis of an agreement between the province and the Ontario Medical Association.

A most worthwhile program of medical care is being more widely developed within our public homes for the aged. We are also providing greater stimulation and encouragement to the private organizations that operate homes for the aged towards expanding their medical services. The costs of these services are included in the operation of the home or charitable institution and are subsidized in the normal way by provincial grants.

These are some of the alternatives to hospital care that have been developed and are in the process of continual expansion. It is evident that a full measure of co-operation must be maintained among the province, municipalities, health and welfare officials, the medical profession, hospitals, private organizations and individuals. We can achieve the goal of keeping our hospitals reasonably free to treat active cases by developing additional facilities and services to meet the varying needs of those who do not really require hospital care. ■

**Dressing Jars**  
9802—2½-qt.  
9804—4½-qt.

**Male Urinal**  
9915—1½-qt.

**Graduated Measures**  
9516—½-qt.—500 cc.  
9532—1-qt.—1000 cc.  
9564—2-qt.—2000 cc.

**Solution Bowl**  
9734—7-qt.

**Wash Basin**  
9712—3½-qt.

**Adult Bed Pan**  
9901—14" long

**Emesis Basin**  
9860—10" long

# BUDGET PRICED!

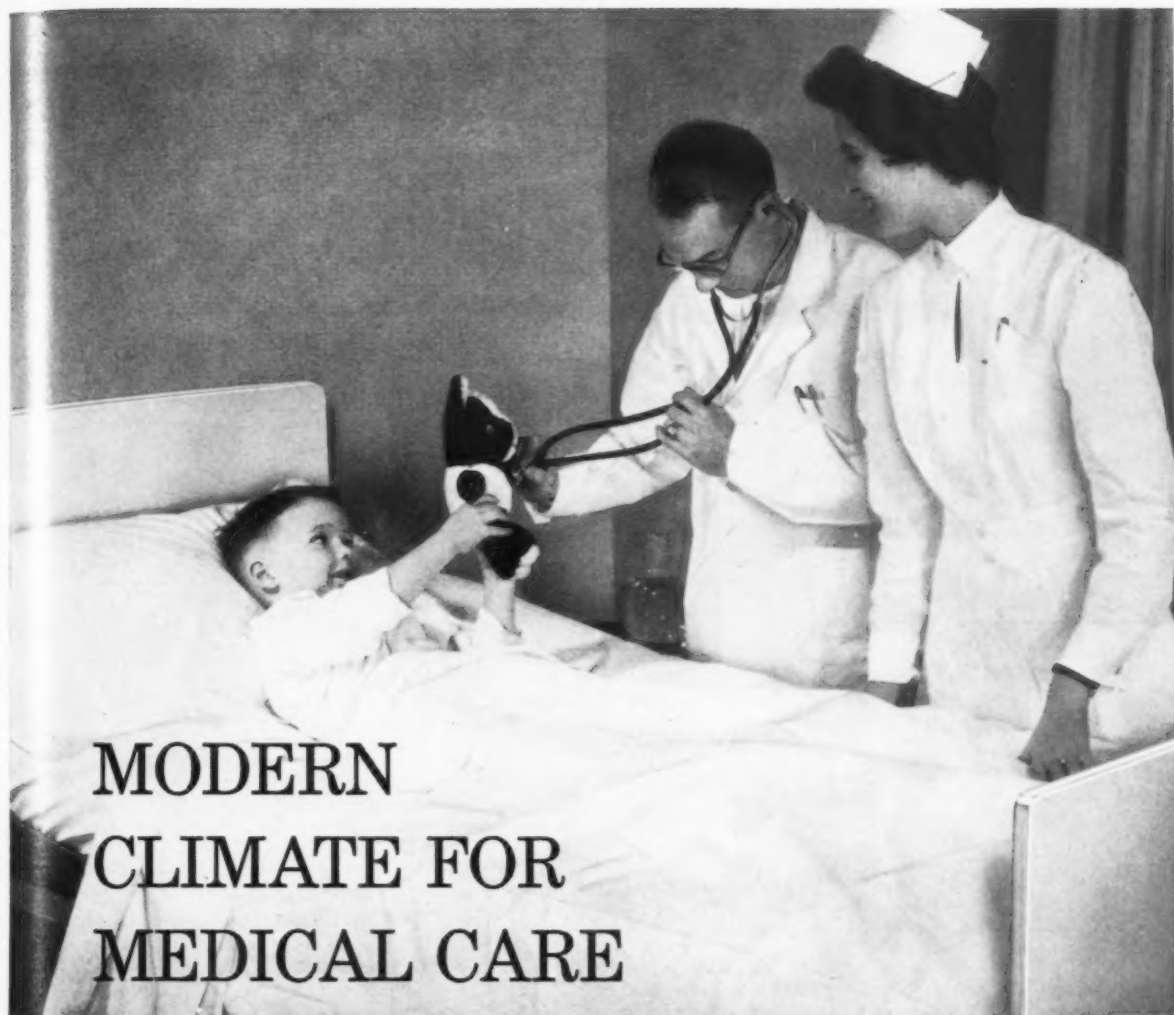
## Vollrath hospital utensils in MEDIUM GAUGE STAINLESS STEEL

Money savers for the hospital budget. Smooth, seamless, sanitary, easy to clean and keep clean, easy to sterilize. Long lasting quality.

Distributed in Canada exclusively by

**INGRAM & BELL LIMITED**  
TORONTO

MONTREAL • WINNIPEG • CALGARY • VANCOUVER



## MODERN CLIMATE FOR MEDICAL CARE

### Controlled Temperatures and Humidities Boost Efficiency in Today's Hospitals

Johnson Air-Conditioning and Temperature Control Systems help many of Canada's hospitals give better patient care, increase productivity, and cut building operation costs.

With Johnson Control, temperatures and humidities can be matched to each special need, thus assuring ideal thermal conditions for patients' health and comfort.

Likewise important is the fact that a Johnson System can eliminate the chore of checking room temperatures, save nurses' time, and maintain a comfortable, productive working environment for the entire staff.

Johnson Control also results in lower operational costs — for pneumatic controls are simpler, easier to understand and operate, require less supervision, cost less to maintain, and use less power than any other type of controls.

When you build or modernize, make certain you get these benefits, too. Ask your consulting engineer, architect, or local Johnson representative about the installation of a specially planned Johnson Control System.

Johnson Controls Ltd., Toronto 16, Ontario. Branch offices in Calgary, Edmonton, Halifax, Hamilton, London, Montreal, Ottawa, Quebec City, Toronto, Vancouver, Winnipeg.

# JOHNSON CONTROL

PNEUMATIC  SYSTEMS

GROWING WITH CANADA SINCE 1912

# ASK THE MAN WHO KNOWS... ABOUT GETTING WASHING



**CLEANER—  
FASTER—  
and at  
LESS COST**

- All materials come sparkling clean . . . easier than ever, when washed in McKemco Laundry Compound. This scientifically formulated cleaning agent gets right after dirt . . . washes all fabrics fresh and clean . . . with a minimum of time and effort.

McKemco Laundry Compound is a well buffered alkali with a high pH. It prevents scale formations in your washing machines, preserves the tensile strength of material . . . and actually saves soap!

Put McKemco Laundry Compound to work in your plant NOW! And see how efficient and economical a laundry soap can be!

A complete line of laundry and dry cleaning products.

**ASK THE MCKEMCO MAN ABOUT LAUNDRY COMPOUND**



# MCKEMCO

**CHEMICAL COMPANY LIMITED**

18 Years of Service to Canadian Industry

**1119A YONGE STREET, TORONTO**  
and **MCKAGUE CHEMICALS (EASTERN) LTD.**  
**421 COURTEMACHE AVENUE, MONTREAL EAST, QUEBEC**



## O.H.A. Meeting

(continued from page 50)

introduced the subject of hospital purchasing, indicating that his remarks were designed to raise questions for discussion by a panel later on.

The purchasing agent's job is, according to Mr. Shaw, primarily that of a buyer but also he must ever be ready to act in a consulting capacity. General purchasing policy must be set by the director of the hospital, including standards, he said. Information as to funds available must be provided by the comptroller; department heads must make their requests in specific terms of physical properties, such as size and weight; and in the case of "major" equipment, the cost of installation and maintenance should be discussed with the maintenance supervisor. When all these decisions have been made, it remains, said Mr. Shaw, for the purchasing agent to decide where to buy to the best advantage.

In his advisory capacity the purchasing agent should, according to the speaker, provide information on what is new, watch for requisitions which should be referred to the director or comptroller, work with supervisors on cost studies, report too frequent emergency purchases, and follow up after purchasing to check on durability, et cetera.

The wide subject of purchasing was then taken over by a panel consisting of Gérard Brais, Hôpital Notre Dame, Montreal; Sister Noémi de Montfort of Hôpital Ste-Justine, Montreal; J. M. Partlo of Saguenay General Hospital, Arvida; Paul D. Shannon, Royal Victoria, Montreal; and Mr. Shaw. During the discussion period it was made clear that hospital officials expect the purchasing agent to be a key man in the matter of day-to-day expense control. The pros and cons of group buying received due attention and the purchasing of pharmaceuticals by generic names was viewed with favour. Ethics in purchasing was given grave consideration, one moot question being: when is a gift a bribe? Some authorities would rule: no gifts. Others felt that small gestures of good will, say at Christmas, could not be refused without losing good will.

## Construction and Maintenance

Dr. George Graham, director, Ellis Hospital, Schenectady, N.Y., who is a graduate of the hospital administration course at the University of Toronto, discussed features of construction which have

THE PROFESSIONAL ARTS BUILDING, HAMILTON, ONTARIO.

# **RAPIDEX**

Architects : Hugel, Secord and Pagani  
Consulting Structural Engineers : Alex Tobias & Associates  
General Contractor : Cutaia Construction

## **speeds construction by 30%**

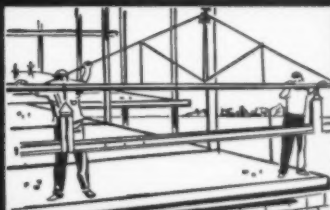
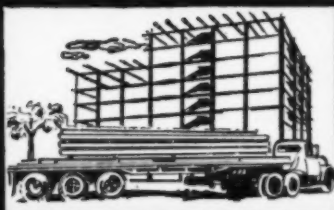
**Factory-formed Concrete Decking  
Saves Time ... Cuts Costs**

Construction of this magnificent building has been accelerated by the use of Rapidex — the functional concrete slab system for floors and roofs.

Rapidex offers exceptional advantages in all kinds of structures. It requires no shoring, forming or reinforcing placements. The cellular design and structure provides immense strength with a low deadweight load. Thus less expensive supporting structures can be used.

The material itself offers a uniform, handsomely textured surface that eliminates the need for suspended ceilings. Acoustical and insulating qualities are excellent. Rapidex slabs are custom-fabricated for immediate erection. Rapidex is steel-reinforced, core holes may be utilized for warm or cold air ducts.

Requests are invited from architects and engineers for the Rapidex Data Binder, an invaluable guide to the applications, qualities and specifications of Rapidex.



## **THOROLD CONCRETE PRODUCTS LTD.**

*Concrete Deck Division*

**THOROLD • HAMILTON**



come to seem necessary today and which should be considered at the blue print stage of planning. Among these were: larger emergency departments to cope with the increasing accidents rates; washroom and toilet facilities for every patient because today they are ambulant so quickly; waiting room space in laboratories and x-ray department; tube system and piped oxygen to cut the number of personnel required; nurse-patient intercommunication system for the same reason but with the warning that many patients prefer to see the nurse; recovery rooms; doctors' lounge next to the records department; micro-filming; and sound-proofing throughout. He advocated centralized food service and dish-

washing to avoid noise in nursing areas. Dr. Graham urged the installation of every device necessary for the protection of patients and personnel. Whatever the design of the hospital, he said, a master plan must be prepared for future reference and this should be worked out by administration and architects with the assistance of department heads and consultants.

Maintenance and housekeeping problems formed the topic assigned to Dr. Ruth B. Kundsins, bacteriologist at Peter Bent Brigham Hospital in Boston; and her special interest lay in the timely problem — how to stop the spread of pathogenic organisms and their eradication where they accumulate. This is known as environmental control. By

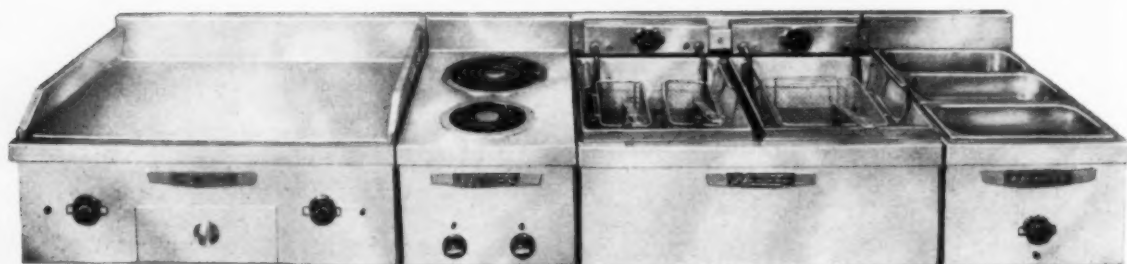
means of slides, Dr. Kundsins then described a new floor cleaning method known as "wet-pickup". In this technique, floors are flooded with a detergent germicide which is then removed by a specially designed vacuum cleaner. This should be done daily in areas where aseptic techniques are the only way to prevent cross-infection. The well-known Dr. Carl W. Walter of Boston is a proponent of this method. Dr. Kundsins emphasized that bacteriological monitoring is the only criterion by which the effectiveness of cleaning methods can be ascertained. She explained how to carry out air sampling and methods used to determine bacterial fall-out.

Dr. Kundsins advocated the use of germicidal textile lubricants to

**be completely satisfied . . .**

**install *Beatty***

**ELECTRIC COOKING EQUIPMENT**



**SERIES II SPACESAVER COUNTER UNIT**

Griddles 24" w. to 36" w.  
G 24-2, G 30-2, G 36-2.

Hot Plate  
Hp 14-2

Deep Fat Fryers  
DF 14-2, DF 28-2

Food Warmer  
FW 14-2

The Beatty Series II Spacesaver Counter Unit (above) provides economical self-contained units that make best use of space. Easy to maintain, easy to operate and easy to clean, Beatty electric cooking equipment is essential where mass feeding is required.

Whether you choose the Series II or the

smaller Series I you can be sure of satisfaction in counter cooking with Beatty.

For main kitchen cooking see the famous Beatty ovens, in capacities from 4 cu. ft. to 36 cu. ft.

For information on Beatty Electric Cooking Equipment write to the address below or see your Beatty dealer.

*Made in Canada by*

**THE JAMES STEWART MANUFACTURING COMPANY LTD.**

Commercial Cooking Equipment Division of Beatty Bros. Limited  
PENETANGUISHENE, ONTARIO, CANADA

cut down lint in bed-making and indicated that dry mopping should not be tolerated. She emphasized that bactericidal agents must be incorporated into the maintenance of air conditioners and warned against recirculation of air. This excellent presentation was based upon research at Peter Bent Brigham Hospital.

A panel of hospital authorities then led general discussion and, besides the above speakers, this included: Prof. H. Locke Robertson, surgeon-in-chief, Montreal General Hospital; Prof. Léo Gauvreau, chief bacteriologist, Hôpital St-Sacrament, Quebec City; Prof. Jacques Bruneau, surgeon-in-chief, Hôtel Dieu de Montréal, Montreal; Eileen Flannigan, director of nursing, Montreal Neurological Institute; and Jean Dussault, civil engineer, Hôpital Ste-Justine, Montreal.

It was gratifying to listeners to hear Dr. Graham point out that Canadian hospitals were quick to observe the trend toward rising infection rates and that they were swift and efficient in doing something about it—before it had been recognized in other parts of the continent. (If memory serves, Shaughnessy Hospital in Vancouver was among the first to sound the warning.) Speakers were deeply concerned about the difficulty and expense of changing the air in operating rooms the recommended 20 times per hour, in a climate which can be either extremely hot or extremely cold. Individual air conditioning for each ward was one recommendation but several speakers expressed the view that this was not practical, as yet. It was agreed that patients with infection should be isolated as thoroughly as for small pox.

#### Hospital Service—Tomorrow

The Quebec Hospital Association was honoured, and fortunate, to have as a guest speaker, M. Georges Gay, Chargé de Mission, Assistance Publique, Paris, France. M. Gay (speaking in French) confessed himself somewhat nervous about making any predictions concerning hospitals of the future. Four elements would always affect hospital development, he said, these being geography, demography, financial resources, and what the citizens of any given area want. The system must differ from country to country and the services available must be adapted to human needs, he pointed out. It was his hope that in the future general hospitals would be smaller so that the

# YALE

"66"

## REVERSIBLE CLOSER



### FOUR DOOR CLOSERS IN ONE

A simple adjustment changes the power of this highly versatile closer to give you four sizes of door closer in one. For right or left hand interior or exterior wood or metal doors, with closing and latching speed adjustments, this leakproof and rustproof four-in-one closer is ideal as a replacement for troublesome checking devices now in use. Built to last longer with minimum maintenance, the "66" reversible door closer series permits long-range economies so essential to all public buildings.

# YALE

THE YALE & TOWNE MANUFACTURING CO.  
ST. CATHARINES ONTARIO

services provided could be intensive and personal. The ideal size according to the speaker would be 350 to 500 beds. Even now the trend is to large out-patient clinics where diagnosis and treatment for ambulatory patients can be carried out. M. Gay looked forward to a network of preventive services, provided through social legislation. This would include a system of home care, convalescent and rehabilitation units, and homes for the aged, all linked on a regional basis, with the general

hospital as a nucleus. The latter besides caring for the critically ill would provide teaching and research facilities and guidance for private physicians in the community. Such a system, M. Gay was convinced, would heighten humaneness in the hospital of tomorrow and in the treatment of all who are ill.

His remarks met with general agreement in the panel discussion which followed. Dr. Gilbert Turner emphasized that the human dignity of every patient must be

respected and that electronics must work side by side with clarity. Stanley W. Martin stated the opinion that sheer economic necessity will probably dictate more concentrated care in the future, noting however, at the same time, that home care is difficult because housing units today are usually too small to accommodate a sick person. Dr. Paul David of Hôpital Maisonneuve suggested that the proposed smaller general hospitals be linked to a central laboratory centre to avoid duplication of equipment and personnel. This would call for organized cooperation between hospitals; but if it could be linked with a central records system it would also cut down on the "shocking repetition" of laboratory examinations made. All agreed that there must be some central authority to authorize planning and that there should in the future be no room for what has come to be known as "empire building" in the hospital field.

Two sessions were devoted to discussion of the "administrative aspects of medical care" under the leadership of the following speakers: Dr. Jacques Gélinas, Hôpital Maisonneuve, Montreal; Dr. Normand J. Belliveau, Hôpital St-Joseph de Rosemount, Montreal; Samuel S. Cohen, Jewish General Hospital, Montreal; Dr. Léopold Long, Hôtel Dieu de Montréal. Space does not permit a résumé of the various opinions expressed in this highly valuable exchange of ideas.

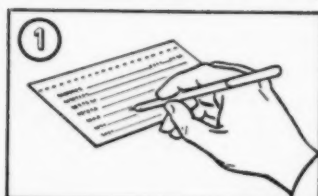
#### Officers for 1960-61

At the annual business meeting of the association the president, Dr. Paul Bourgeois, presented his report of association activities during the past year (see page 47); and the treasurer's report by A. H. Westbury was adopted. As recommended by the nominating committee, under the chairmanship of Sr. Melanie of St. Mary's Hospital, Montreal, Dr. Paul Bourgeois was re-elected president for a second term in order that he might carry on the many projects initiated during the past year. Dr. J. Gilbert Turner of Royal Victoria Hospital is vice-president and Jacques Bouchard of Amos, Que., became treasurer. Other members of the executive committee are: Sister Charte of Drummondville; Col. D. Lyn, Sherbrooke; Albert Nantel, Montreal; Dr. C. A. Roberts, Verdun; and Dr. David Beaulieu of Quebec City.

(continued on page 104)

## Publishers of HOSPITAL and MEDICAL RECORDS since 1907

### You Can Really Save Time With These Pull-Out, Press-On Lab Slips



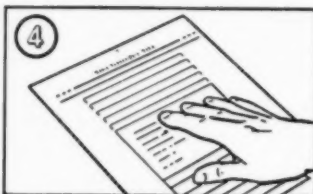
Record Data



Pull Out Copies



Peel Off Covering



Press Onto Master

- Special pressure-sensitive adhesive on back of original
- Preinserted carbon for duplicate or triplicate copies
- No liquids, glue, or stapling needed
  - Available in 18 different 3" x 5" slips

For Samples Write to Dept. 47-3

## Physicians' Record Company

(Formerly at 161 W. Harrison St., Chicago, Ill.)

3000 S. Ridgeland Avenue

Berwyn, Illinois

# SAVE SPACE... SAVE INSTALLATION COSTS!



## *New* Orthomatic CABINET Sterilizers

Now you can combine the economy of the free-standing sterilizer with the heat-free comfort and convenience of a recessed installation.

Equipped with "pull-out" paneling for maintenance from front, sides or top, Castle Cabinet Orthomatics can be corner installed to save space. What's more, they're delivered *completely assembled*, ready for immediate connection.

Best of all, these new cabinet sterilizers are built to fit the future. Interchangeable frames and paneling allow conversion to recessed installation *without tools*. WRITE, for full details or call your Castle dealer.

## *Castle* LIGHTS AND STERILIZERS

WILMOT CASTLE CO., 1706-4 E. HENRIETTA RD., ROCHESTER 18, N. Y.

CANADIAN DISTRIBUTORS—CASGRAIN & CHARBONNEAU, LTD., MONTREAL  
THE STEVENS COMPANIES—TORONTO • CALGARY • WINNIPEG • VANCOUVER

*Castle*  
**PLANNING SERVICE**  
The services of experts in the design and layout of better lighting and sterilizing facilities. No obligation to you, write for more details.



# RIGHT THERE WHEN YOU NEED THEM

**Quality-First  
Machine Made**

**\* BIAS  
FLANNELETTE  
BANDAGES**

by

**Texpack**

*Provide*

utmost in patient comfort.  
No raw seams to chafe.  
Keep dressings firm and  
neat.

*Preferred for*

Cast Work  
Pressure Dressings  
Application of  
Dressings to Extremities

Available in convenient  
individual cartons or in  
bulk hospital pack. Sizes:  
2", 3", 4", 6", 8" by 5  
yards or to suit your  
particular needs.

\*Manufactured to rigid  
U.S.P. Specifications



Head Office and Mills: Brantford, Canada  
Branch Office: Toronto, Canada

## Quebec

(continued from page 102)

Directors for the coming year are: J. A. Charpentier, Sherbrooke; Samuel S. Cohen, Montreal; Herman Gauthier, M.D., Mont Joli; Léopold Larochelle, M.D., Loretteville; Lucien LaRue, M.D., Quebec; Mrs. E. Letellier de St-Just, Montreal; Sister Aimée de Jésus, s.m., Montreal; Sister Marie Bernard, f.d.l.s., Val d'Or; Sister Mary Melanie, s.p., Montreal; Kenneth M. Nicholson, Quebec; J. M. Partlo, Arvida; Victor H. Radoux, M.D., Quebec; Mrs. Jean Raymond, Montreal; J. H. Roy, Montreal; Murray R. Stalker, M.D., Ormstown; Sister Rachel Tourigny, s.g.m., St. Jean; Juge Thomas Tremblay, Quebec; Sister Thérèse Trottier, r.h.s.j., St. Jérôme; A. H. Westbury, Montreal. Gérald LaSalle, M.D., Montreal continues as executive director.

## Auxiliaries

(continued from page 62)

### Auxiliary Movers

The members of the ladies auxiliary to the Kitimat General Hospital, Kitimat, B.C., volunteered at a February meeting to act as helpers in readying rooms for the move to the new hospital scheduled for April, in packing and unpacking, serving refreshments to workers and assisting in moving laboratory equipment.

### Alberta Opening

The hospital auxiliary to Hinton Municipal Hospital, Hinton, Alberta, catered for the hospital opening ceremony in February. Pictures were presented by visiting members of the Jasper auxiliaries, and the home auxiliary presented for the new hospital, framed photos of Queen Elizabeth and Prince Philip, which had been privately donated.

### Kemptville Auxiliary

The auxiliary of Kemptville District Hospital, Kemptville, Ontario, will hold a baby sweepstake for the first baby born in the new hospital after it opens in June. Persons entering this contest will have the chance to guess the date, hour, and sex of the first baby.

### Montreal Activity

The Women's Auxiliary of the Montreal General Hospital has donated a motion picture camera and accessories to the Department of Surgery in memory of Dr. Burnett S. Johnston who, while executive director of the hospital, gave his encouragement and assistance to the inauguration of this auxiliary.

**NURSE!**

My  
Paper  
Towels!!



*always specify*

**WINDSOR  
WHITE  
DUOTOWL**

**2 ply, Single Fold**

**CANADA PAPER COMPANY**  
MONTREAL TORONTO WINNIPEG



AL HOSPITAL

## CENTRAL PIPELINE SYSTEMS

*Your Key to:*

### REAL SAVINGS

investment amortized in  
1 to 3 years

### LESS MAINTENANCE

eliminates costly repairs of  
expensive gas regulators

### ADDED CONVENIENCE

oxygen supply within easy  
reach at all times

### PATIENT COMFORT

noisy handling of cylinders  
eliminated



*Serving the Medical Profession  
for Fifty Years—1910-1960*

*Information and engineering service can be  
obtained without obligation. Please direct your  
request to the Company.*

**OHIO**  
**Ohio Chemical**  
**Canada LIMITED**  
DEPT. CH-4

180 DUKE STREET, TORONTO 2  
2535 ST. JAMES ST., WEST, MONTREAL 3  
9903—72ND AVENUE, EDMONTON  
675 CLARK DRIVE, VANCOUVER 6

# Hospital Architects

## THE OFFICE OF HERBERT AGNEW, ARCHITECT

25 MERTON STREET, TORONTO 7, HU. 7-4165

## CRAIG, MADILL, ABRAM & INGLESON, ARCHITECTS

290 MERTON STREET, TORONTO 7, HUDSON 9-2171

## CRAIG AND ZEIDLER ARCHITECTS

147 HUNTER ST. W.  
71 BLOOR ST. W.

PETERBOROUGH  
TORONTO

RI. 2-3481  
WA. 1-2441

## DREVER & SMITH ARCHITECTS

81 BROCK STREET  
KINGSTON, ONT.  
LIBERTY 6-1175



## LESLIE R. FAIRN & ASSOCIATES ARCHITECTS

HALIFAX, N. S.

◆ ◆ ◆  
WOLFVILLE, N. S.

## FLEMING & SMITH, ARCHITECTS

1247 Guy Street, Montreal,  
P.Q.

## GOVAN FERGUSON LINDSAY KAMINKER LANGLEY KEENLEYSIDE ARCHITECTS

10 PRICE STREET

TORONTO 5

WAlnut 4-7781

## CLARE G. MACLEAN ARCHITECT

534 LAWRENCE AVE. W.  
LAWRENCE PLAZA  
TORONTO 19

TORONTO RU. 2-8704  
CAMPBELLVILLE UL. 4-2472

## MARANI, MORRIS & ALLAN ARCHITECTS

1250 BAY STREET

TORONTO 5

WAlnut 4-6221

### Book Reviews

(continued from page 60)

**MODERN TRENDS IN ACCIDENT SURGERY AND MEDICINE** Ed. Roscoe Clarke, M.B.E., M.B., F.R.C.S. (Eng.), F. G. Badger, F.R.C.S. (Ed.), and Simon Scott, M.D., M.Sc., F.R.C.P.I., I.P.H. Published by Butterworth and Company (Canada) Limited, Toronto, Ontario, Illus. Pp. 346. Price \$5.00.

The contents of this book are not restricted to accident surgery in the narrow sense of the term. The necessity of treating the patient as a whole, of understanding the medical, physiological, pathological and surgical aspects of accident cases is recognized as the basis of the modern trend. In the treatment of accident cases consideration must be given for instance to attendant upsets in circulation and metabolism with the origin of medical complications being understood, treated or prevented. Topics dealt with such as circulatory responses to injury, venous thrombosis and pulmonary embolism, and peripheral nerve injuries, reflect not only their special importance but also much of the individual and collective experience and interests of the staff of the Birmingham Accident Hospital. All the contributors have been closely connected with the work of this hospital and so their articles reflect much of its current practice and teaching through the Institute of Accident Surgery.

Nearly all the illustrations are original and are related to case material of the hospital.

**THE CHILD IN HOSPITAL**, by Hedley G. Dimock. Published by the Macmillan Company of Canada Ltd., Toronto, 1959. Pp. 236. Price \$3.75.

The child in hospital has many special problems and many fears. This book has been written to answer these problems and fears, to show how the parents and the hospital's staff can meet the child's emotional and social needs. The author points out in his preface that it is not important, as far as his study is concerned, who meets the needs of the child. But they must be provided for by someone.

A number of case histories are included to illustrate the different reactions of children and to show how they vary according to the child's emotional state. These alone are thought-provoking.

This is an extremely interesting book, written with simplicity and sympathy. And one hopes that the

experiences of children in hospitals will be better because of it.

**MEDICAL MUSEUM TECHNOLOGY**, by J. J. Edwards and M. J. Edwards. Published by Oxford University Press, Toronto, 1959. Pp. 172. Price \$3.25.

This book on medical museum technology unites in one volume the history of the subject, the current methods used for the preservation and mounting of specimens, and general questions on the administration of a medical museum and its purposes. In a very wide sense, medical museum technology comprises the preservation of all forms of tissue for teaching purposes and for research. Since pathological material makes up the bulk of specimens in medical museums, much attention has been given in this volume to its preservation.

The techniques chosen for description have all stood the test of time and are all relevant for work today. Out-dated methods have been omitted entirely.

#### New Brunswick Hospital Care Insurance Plan

About 10,000 patients a month received benefits from the New Brunswick Hospital Care Insurance Plan during the first six months of the plan's operation from July 1 to December 31, 1959.

The benefits include all hospital services necessary for the diagnosis and treatment of conditions requiring in-patient or bed care at the hospital. The plan covers only hospital services. Physicians and medical specialists render their own accounts to the patients.

For patients not requiring admission as in-patients, the plan provides certain insured out-patient services available at the hospital for the diagnosis and treatment of injuries resulting from accidents, including any necessary follow-up care. Out-patient services in connection with physiotherapy treatment are also covered.

The broad benefits under the New Brunswick Hospital Care Insurance Plan include a provision to give coverage to residents who are absent temporarily from the province, i.e. travelling, vacationing, attending school or university in another province and even outside Canada. Hospital benefits may also be received when an insured person is sent to a hospital outside New Brunswick because the necessary care and treatment are not available in the province.

JOHN B.

**PARKIN ASSOCIATES**  
ARCHITECTS AND ENGINEERS  
TORONTO CANADA

### SOMERVILLE, McMURRICH & OXLEY

ARCHITECTS

191 EGLINTON AVE. E.

TORONTO 12

HU. 1-5608

### WAISMAN, ROSS & ASSOCIATES

ARCHITECTS and ENGINEERS

301 ASTRA BLDG.

WINNIPEG, MAN.

TEL. WH. 2-7558

### CHESTER C. WOODS

ARCHITECT

MEMBER OF THE  
ROYAL ARCHITECTURAL  
INSTITUTE OF CANADA

2842 BLOOR STREET WEST, TORONTO

MEMBER OF THE  
AMERICAN HOSPITAL  
ASSOCIATION

## Consulting Engineers

### H. H. ANGUS & ASSOCIATES LIMITED

TORONTO

HAMILTON

WINNIPEG

### ANGUS, BUTLER & ASSOCIATES LIMITED

EDMONTON

CALGARY

REGINA

CONSULTING ENGINEERS

POWER PLANTS — AIR CONDITIONING — ELECTRICAL

### McDOUGALL & FRIEDMAN

Consulting Engineers

1247 Guy St., Montreal, P.Q.

Mechanical and Electrical  
Design, Reports, etc.

Ferdinand J. Friedman, B.Sc., P.Eng.

Don. W. Heywood, P.Eng.

Roland R. Duquette, B.A., B.Sc., P.Eng.

F. W. R. Angus, O.B.E., B.Sc., P.Eng.

E. Chauvin, B.Eng., P.Eng.

## Hospital Consultants

### AGNEW, PECKHAM AND ASSOCIATES

Consulting Services in Hospital

Planning, Organization and Management

Hospital and Community Surveys

Harvey Agnew, M.D., LL.D., F.A.C.H.A.

Arthur H. Peckham, Jr., B. Arch., A.I.A.

Ronald J. C. McQueen, B.A., D.H.A.

200 St. Clair Ave. W.,

Toronto 7

WALnut 4-7451



# Classified Advertising

Advertisements for insertion should be mailed to Canadian Hospital, 25 Imperial St., Toronto 7, Ontario. Rates for classified advertisements are as follows:

\$3.75 per column inch or fraction thereof, minimum charge \$3.75. Display advertisements, set in a box, may be requested on advertisements of 2 inches or larger at no additional charge, 1/4 page display advertisement—\$25.00. Advertisements must be received by the first of the month to appear in that month's issue.

## Southwest Regional Hospital Council

Swift Current, Saskatchewan

Applications are invited for the following appointments:

### DIETITIAN

Salary scale \$4,368-\$5,316

### MEDICAL RECORD LIBRARIAN (Registered)

Salary scale \$4,368-\$5,316

Both appointments entail duties in a consultant capacity with a group of 18 small hospitals.

Travelling expenses and subsistence payable.

Good personnel policies including superannuation benefits.

Reply to: Regional Hospital Co-ordinator,

## Southwest Regional Hospital Council,

162 - 1st Avenue N.W.,

Swift Current, Saskatchewan.

## DIRECTOR OF NURSING

for modern, approved 100-bed hospital at present considering expansion. Experience either as director or assistant preferred and postgraduate training in administration an advantage.

No School of Nursing. Salary open.

Excellent personnel policies include 40-hr. week, pension plan, sick leave accumulative to 30 days, 4 weeks' vacation after one year of service, 8 statutory holidays.

Apply giving full details of training and experience, salary expected, etc., to: Administrator, North Bay Civic Hospital, North Bay, Ontario.

## Career Opportunities

Hospital Insurance Service, Victoria  
B.C. Provincial Government

**SUPERVISOR OF RESEARCH**—Salary \$510—\$605 per month. Duties include organization and supervision of the functions of the Research Division; processing, collation and interpretation of patient data derived from one-quarter million hospital forms received annually; studying and making recommendations regarding the need for new hospital facilities; the production of data and information according to the terms of the Federal Hospital Insurance and Diagnostic Services Act; studying the morbidity characteristics of the Provincial population, making recommendations re hospital facilities as result of changes in medical techniques.

Applicants must have a B.A. degree and advanced statistical training; a minimum of five years' broad practical experience subsequent to graduation in the field of statistical and economic analysis; preferably experience in the health field; ability to apply statistical theory to trends in the medical and hospital fields.

COMPETITION NO. 60:71A.

## HOSPITAL INSPECTOR & CONSULTANT

—Salary \$510—\$605 per month. Duties include providing general consulting service to hospitals; inspection of hospitals; examining the organization and functions of hospitals and suggesting methods of improving efficiency; assisting in the review of hospital estimates, constitutions and by-laws; related duties.

Applicants must be graduates in Hospital Administration from a school of recognized standing or have a number of years' experience in responsible positions in hospital administration.

COMPETITION NO. 60:167.

Applicants for both positions outlined above must be Canadian citizens or British subjects. For application forms apply immediately to The Chairman, B.C. Civil Service Commission, 544 Michigan Street, Victoria; completed forms to be returned not later than May 31, 1960.

## DIRECTOR OF NURSING

Modern 100 bed, non-teaching, general hospital located in beautiful Rideau Lakes region. One hour's drive to Capital city. Live in or out. Pension plan. No construction problems. Salary open and dependent upon qualifications and experience. References required. Apply giving full particulars to: Administrator,

Smiths Falls Public Hospital,  
Smiths Falls, Ontario.

## Registered Medical Record Librarian Required

preferably one experienced in the application of the standard nomenclature to Paediatrics. An excellent opportunity to assist in a wide variety of research. Good salary scale, pension plan and other employee benefits. Write Director of Medical Records, Hospital for Sick Children, Toronto.

## ASSISTANT EXECUTIVE OFFICER

required by hospital association in Western Canada. Position demands basic knowledge of hospital operation as well as training or experience in field of management-accounting-economics. Must be qualified to share in development of expanded program of consultative and educational services. State education, training, experience and personal qualifications as well as salary and other employment conditions required. Apply care of Box 405A, CANADIAN HOSPITAL, 25 Imperial Street, Toronto 7, Ontario.

## Director of Group Guidance

To direct programmes of playtherapy and recreation on ward and centralized levels. Background of Social Welfare and psychology, with emphasis on Social Welfare training, is required.

This department has many, varied associations with Community Service groups.

Position is open 15 June, 1960.

Apply to Executive Director,

## The Montreal Children's Hospital,

2300 Tupper Street,  
Montreal 25, Quebec.

## Administrator Required

For the General Hospital of Port Arthur. Apply, stating qualifications and salary required to: The President, Board of Governors,

## General Hospital of Port Arthur

Port Arthur, Ontario.

All replies will be kept confidential.

## Classified Advertising

### HAMILTON GENERAL HOSPITAL

Invites applications for the position of Assistant Dietitian in 630-bed General hospital. Excellent working conditions and personnel policies. For further information, address inquiries to: Chief Dietitian, Hamilton General Hospital, Hamilton, Ontario.

### STAFF REQUIRED

for new 200 bed hospital, to open early 1961:

Pharmacist  
Accountant  
Housekeeper  
Purchasing Agent  
Records Librarian

Apply by May 15, giving personal details, qualifications, training, experience, names of 3 references and salary expected, to Administrator, Joseph Brant Memorial Hospital, Burlington, Ontario.

### HAMILTON GENERAL HOSPITALS

#### SCHOOL OF NURSING

will have vacancies on the teaching staff in the field of

#### SCIENCE AND NURSING

At the end of the school term The School of Nursing has a program of 2 years correlated theory and practice plus 1 year internship for approximately 300 students.

APPLY TO:

DIRECTOR OF NURSING,  
BARTON STREET EAST,  
HAMILTON GENERAL HOSPITALS

(see also page 116)

### DIETITIAN REQUIRED

for 180 bed teaching hospital to take full charge of newly installed centralized food service. Also required to teach diet therapy to student nurses. QUALIFICATIONS: Eligible for membership in the Canadian Dietetic Association.

SALARY: Starting salary will be within the range of \$350-\$425 depending upon experience. APPLY TO: H. H. Bassett, Administrator,

Victoria Union Hospital,  
Prince Albert, Saskatchewan.

### Registered Medical Record Librarian

wanted, to supervise department in 160 bed hospital. Please apply to Administrator, Kirkland and District Hospital, Kirkland Lake, Ontario.

### Registered Nurse Wanted

as Superintendent for 30 bed hospital with a new wing. Please state previous experience and salary expected. Starting immediately. Furnished 3 room apartment provided. Reply to the Secretary, Englehart and District Hospital Board, Box 609, Englehart, Ontario.

### X-Ray Technician Required

for 73 bed general hospital. R. T. essential, and experience in minor lab. procedures desirable. Salary range \$265-\$295. Apply to Superintendent, Kenora General Hospital.

## COSTS ONLY PENNIES PER DOZ.

to mark towels, blankets, etc.  
Mark them indelibly with  
APPLEGATE'S INK



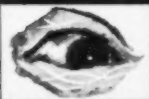
Indelible Inks  
Linen Markers  
Metal Dies  
Pens

EVERYTHING FOR SUPERIOR  
MARKING OF LINENS, UNIFORMS

Distributed in Canada by  
INTERSTATE SALES AGENCY,  
GALT, ONT.



7351 HAMLIN AVE., SKOKIE, ILL.



SEE a demonstration by a specialist

## WESCODYNE® "TAMED IODINE" HOSPITAL GERMICIDE

NONSELECTIVELY DESTROYS

# "STAPH"

SPORES · T.B., OTHER BACTERIA  
POLIO, OTHER VIRUSES · FUNGI

for FREE demonstration or literature address:  
WEST CHEMICAL PRODUCTS LTD., 5621-23 Casgrain Ave., Montreal, Quebec  
Offices: Calgary, Edmonton, Halifax, Regina, Toronto, Vancouver, Winnipeg





## ... Across the Desk

### News Released by Hospital Supply Houses

By C.A.E.

#### More Electronics For Medicine Goal of Honeywell Program

The Minneapolis-Honeywell Regulator Company has embarked on an extensive new program to expand its activities in the field of electronic medicine, Paul B. Wishart, president, has announced. He said the company had assigned specialists to a newly formed medical instrumentation group that would take over work already under way in three Honeywell divisions and, more important, would institute "entirely new development programs" in co-operation with medical authorities.

"The tremendous possibilities that electronics offer in advancing medical science are only now beginning to be fully appreciated and explored in a major way", Wishart said.

"We intend to draw upon Honeywell's vast experience in industrial instrumentation, automatic control and such newer techniques as data handling to develop the specialized instruments and electronic equipment that the medical field needs".

He said that instruments with greater accuracy and designed specifically to meet medical requirements would provide the medical profession with data that will allow it "to understand the human body and its functions to a more specific extent than is now possible".

"Moreover," the Honeywell executive added, "as we move deeper into the space era, we need to know more about man — what he can endure and what his limitations are physically".

He cited as an example work currently under way with the Mayo

Clinic, Rochester, Minn., aimed at the development of a body-function recorder that would monitor and record blood pressure, pulse rate and body temperature.

Further information is available from Honeywell Controls Limited, Toronto 17.

#### 64 University Students to Receive Union Carbide Scholarships

Sixty-four Canadian university students will receive approximately \$45,000 this year from Union Carbide Canada Limited in scholarship

ships and fellowships, according to A. A. Cumming, company president. Sixty students at 19 participating universities will each receive grants of \$500 per annum for the duration of their undergraduate studies, while two students at the University of Toronto and two at McGill University will receive \$1,500 a year post-graduate research fellowships.

Although the grants are under the sponsorship of Union Carbide, the selection of the students and the administration of the program is entirely the responsibility of the universities. The purpose of the scholarship program is to assist deserving students, interested in a business career, to obtain a university education and to assure a larger number of university trained men and women for future executive and administrative careers in business and industry. The promotion and encouragement of academic research in all branches of the natural and social sciences, and fostering a closer relationship between educators and industry are the aims of Union Carbide's fellowship program. Pure science and engineering are the major courses being pursued by Union Carbide scholars this year.

Undertaken in 1954, the Union Carbide scholarships are open to  
(continued on page 112)

#### Senior Appointments at Dustbane Products

In keeping with its current expansion program which, during the past year has included the establishment of two new manufacturing plants and a new sales division, Dustbane Manufacturing Co. Limited has recently made three senior appointments.

R. G. Watt, former technical officer of the company, becomes product manager (chemicals); D.

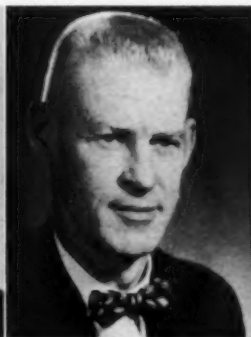
S. MacKinnon has been named advertising manager; and, Bruce Tetu has joined the company as product manager (machines).

All three men are specialists in their respective fields and are equipped to provide the specialized services the company offers.

Within the past 12 months, new manufacturing plants have been opened at Hamilton, Ontario, and Halifax, Nova Scotia, together with a new sales office in Newfoundland.



R. G. Watt



D. S. MacKinnon



Bruce Tetu

## PREFERRED CHOICE

*for every institutional wall area*

**GUARD** is the first completely coordinated line of vinyl wall covering for institutions and public and commercial buildings.

**THE GUARD** System consists of more than 200 embossed patterns and colors—grouped into 5 qualities. You can select the right weight, color, pattern and price for each wall area from a single source.

**GUARD** is applied with its own adhesive—no special preparation needed. Works easily round corners, pillars and awkward places.

**GUARD** gives lasting protection no wall tile can match . . . costs less than wall tile to install. Withstands thousands of washings without loss of color or pattern. Virtually maintenance-free.

## GUARD

*Architectural Wall Covering*

## SYSTEM

*For samples and further details apply to*

**EMPIRE WALLPAPER & PAINT, LTD.**

222, 7th STREET, NEW TORONTO, ONTARIO  
BRANCHES COAST TO COAST

## THE ASSOCIATED HOSPITALS OF MANITOBA

### Require a Director of Consultive Services

To develop a new Association program in Consultive Services. Salary will be related to training and experience.

*For further information, apply to:*

**The Associated Hospitals of Manitoba**

218 Kennedy Street

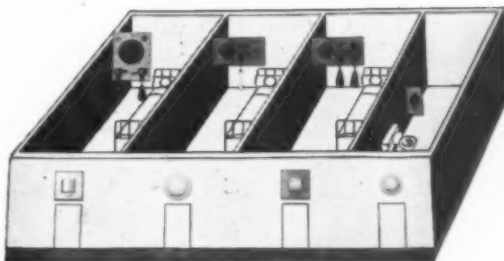
Winnipeg 1, Manitoba.

AN NIDC  
1958



AWARD WINNER

## ELECTRO VOX



### AUDIO-VISUAL NURSES' CALL WITH INTERCOM



Combines reliability with safety, advanced engineering with simplicity in the most up-to-date signaling and communication system for hospitals.

Its features:—

- VOICE COMMUNICATION
- LIGHT SIGNALING SYSTEM
- EMERGENCY SIGNALING SYSTEM
- GENERAL SAFETY FEATURES

The Electro-Vox Audio-visual Nurses' Call system is the outcome of 25 years experience in equipping hospitals throughout the country. It is designed specifically for the stringent requirements of 100% RELIABILITY, SAFETY and EFFICIENCY essential in hospitals.

*Write for further particulars*

### ELECTRO-VOX INTERCOM INC.

MONTREAL 2626 Bates Road RE. 9-1981	QUEBEC LA. 2-8606	OTTAWA SH. 6-1935	ST. CATHARINES MU. 4-4640	TORONTO 137 Raleigh Ave. OX. 8-1676
---	----------------------	----------------------	------------------------------	--



**Across the Desk**  
(continued from page 110)

any secondary school graduate who has good scholastic standing, personal reputation and is recommended by the school authorities. The fellowship program is open to graduates of Canadian universities who have demonstrated ability to conduct original research. Applications are made directly to the participating universities. To date, 148 students have received these awards.

Since 1954, Union Carbide has expended \$375,000 on its educational assistance program. This includes, in addition to scholarships and fellowships, capital grants to university building funds.

**Senior Officer of Baxter Laboratories**

Ralph Falk II has been elected senior vice-president of Baxter Laboratories, Inc., according to an announcement made by William B. Graham, president.

In addition to his duties as senior vice-president of the parent company, Mr. Falk is also president of Baxter Laboratories of Canada Limited, Alliston, Ontario.

Mr. Falk is a graduate of Dartmouth College and the University of Michigan, from which he received a master of business administration degree. During World War II he served on active duty as a lieutenant with the U.S. Navy.

Baxter, with its headquarters in Morton Grove, and its Hyland, Travenol and Flint-Eaton divisions, is a manufacturer of pharmaceuticals. Its Wallerstein division produces enzymes for indus-



*Ralph Falk II*



**Business Aids Crippled Children's Centre**

Links between business and charitable institutions are becoming more and more firmly welded. High ranking company executives, in a variety of different fields, are giving welfare, community and research associations the benefit of their broad experience, resulting in more realistic appeals targets and much more effective campaigns.

The handling of the building fund for the Crippled Children's Centre, being established by the Ontario Society for Crippled

Children, is a good instance of the growing trend. The Rotary Club of Toronto has pledged \$75,000 towards a motel-type lodge to accommodate parents from out of town whose children are undergoing treatment. Recently a cheque for a first instalment of \$15,000 was presented to the Centre.

The photograph above shows Giles McKague, the club's honorary treasurer, who is also president of McKague Chemical Company Limited and McKague Chemicals (Eastern) Limited, presenting the cheque to John David Eaton, chairman of the building fund.

trial uses. Plants are located in Morton Grove and Decatur, Illinois; Los Angeles; Framingham, Mass.; Cleveland, Miss.; Staten Island, N.Y.; Alliston, Ontario, and in several foreign countries.

**NCG Invents New Medical Cylinder Labeling Method**

The National Cylinder Gas Division of Chemetron Corporation, Chicago, has announced development of "an improved, safer method of labeling medical gas cylinders".

The design was suggested by Robert W. Burmeister, head of NCG's medical equipment department, who calls it the "Slim-System" of identification.

Prior methods of labeling cylinders of tin involved horizontal wrap-arounds or otherwise difficult-to-read positioning. The new method solves the legibility problem in simple fashion, NCG says,

by utilizing a long thin vertical label, about 10 by 2½ inches, with these advantages: bigger label permits use of large, carefully selected type-face so the name of the medical gas, printed vertical-



(continued on page 114)

Now...A Really PORTABLE Aspirator

## THE JUNIOR TOMPKINS



APPROVAL NO. 3075

Weights only 16½ lbs.

**\$107<sup>50</sup>**

Complete with Yankauer  
suction tube and  
utility wrench

Cat. No. 100-65

### COMPARE THESE FEATURES

- Totally enclosed heavy duty motor... requires no lubrication... rubber mounted to insure quiet, vibrationless operation
- 32 oz. suction bottle
- Simple filtering system... suction gauge and regulating valve
- Durable finish... Sklar two-tone baked enamel

Perfectly balanced...  
easy to carry



**Sklar**



LONG ISLAND CITY, N. Y.

Sklar Equipment is available through  
accredited surgical supply distributors

### Across the Desk

(continued from page 112)

ly, jumps out unmistakably; the entire label is visible, including write-in spaces for amounts, types and mixture percentages.

The new labels are applied to cylinders by pressure-sensitive adhesive, which causes them to adhere firmly yet not rip into shreds when the labels are removed during frequent re-painting of cylinders for medical use.

### A More Sensitive Laboratory Spectroscope by Fisher

There are scores of uses for a portable spectroscope that can not only supply a quick qualitative analysis for the common metals and a number of other elements but can be used for semi-quantitative analysis as well.

That's why Fisher Scientific, 9 years ago, brought the Todd Spectranal to the attention of laboratories... and why, a few years later, Fisher acquired all rights to the instrument and promptly began a program of refinement and improvement. Result: a completely new instrument, the Fisher Duo-Spectranal, far easier to use — even for untrained personnel — and giving more reproducible results.

The savings in time alone are tremendous when the Duo-Spectranal is used for a quick qualitative and quantitative check of soils, water, ores, minerals, alloys, inorganic and metallo-organic compounds, biological materials, the hemoglobin spectrum, pharmaceutical raw materials, drugs, foods and other products. It does in minutes what would take hours or days by "wet" chemical methods.

The Duo-Spectranal shows the operator two spectra — that of the unknown, and that of a comparison solution — side by side. An



### Wilmot V. Castle Retires from Castle Company

At a board of directors meeting held in December, Wilmot V. Castle, president of Wilmot Castle Company, announced his retirement. He has been active in the prominent Rochester concern, which manufactures lighting and sterilizing equipment, for forty-seven years. John H. Castle Jr., vice-president, will succeed his uncle as president, and W. V. Castle, Jr., will become a member of the Castle board of directors replacing his father who will, however, continue to act as a director of Ritter Company, Inc.

Wilmot Vail Castle was the second president of Wilmot Castle Company which was founded by his father in Rochester in 1883. The retiring president was born in Rochester in 1889. He attended public schools and was graduated from the University of Rochester in 1911. After attending Harvard

Business school for a year he joined the Castle Company in 1912.

In addition to his duties as president of one of Rochester's most progressive companies, Mr. Castle has devoted considerable time to civic and church activities. He is a member of the board and the executive committee of Genesee Hospital, and for three years served as president of the board. He is also currently a trustee of the Monroe County Savings Bank. He has for years been an active member of St. Paul's Episcopal Church, and is at present a member of the vestry and senior warden of the church.

"Rooney" Castle is internationally known as a yachtsman. In 1932 and '34 he won the Canada's Cup which ranked as the world's second most important regatta. The accomplishment has never since been duplicated and the feat ranked him as one of the nation's ten top racing skippers.

illuminated scale, graduated directly in Angstrom units, can be projected beside the spectra and the wavelength of any line read to plus and minus 5A.

For complete descriptive literature, write Fisher Scientific Limited, 8505 Devonshire Road, Montreal 9.

### Portable Electrometer Introduced by Glendon Company

The Model 37A Portable Electrometer was designed to meet requirements for a portable X-ray dosimeter. It consists of a robust direct-reading battery operated tube electrometer, complete with ion chamber polarising supply, and a

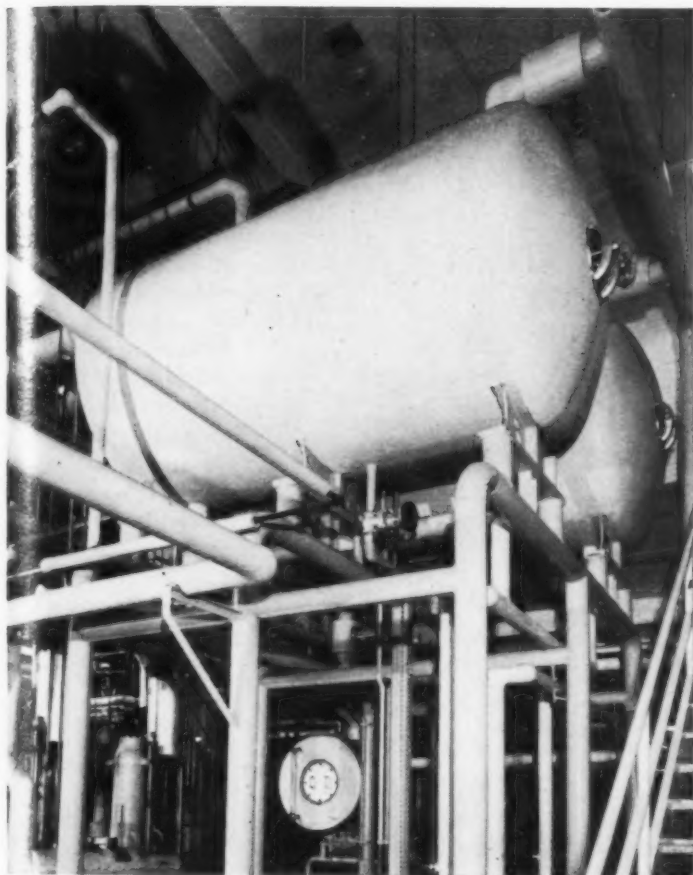
range of input capacitors and resistors.

All the high insulation input-circuit components, including the electrometer tube, are mounted in a lead-lined screening box to reduce errors due to scattered X-rays.



(concluded on page 116)

# 20 YEARS WITHOUT REPAIRS



**PROOF THAT MONEL\*  
HOT WATER STORAGE TANKS  
LAST LONGER, CUT REPAIR  
AND MAINTENANCE COSTS**

**THE  
INTERNATIONAL  
NICKEL**

**COMPANY OF CANADA, LIMITED**

55 YONGE STREET, TORONTO

Replacing a large hot water storage tank—usually in a cramped location—is often extremely difficult and invariably expensive. That's why it's important to install a tank that will last! And a Monel tank does just that! The tank shown here has been in operation 10 years without repairs . . . a comparatively short time for a Monel tank. Many such tanks have been giving trouble-free service for over 20 years.

This is because Monel is a nickel-copper alloy that is ideal for hot water storage tanks. Monel is highly resistant to the corrosive effects of water at high temperatures, and withstands most of the common corrosive conditions encountered in service.

You can depend on Monel for lasting, trouble-free service. When you consider the savings in repairs and maintenance—even replacement costs—you can see why you'll be farther ahead with a Monel tank in your operation. For specific information and advice on your hot water storage and heater requirements, consult:

Ellett Copper & Brass Co. Limited  
Vancouver, B.C.

Darling Brothers Limited  
Montreal, P.Q.

Ferro Metal Ltd.  
Toronto, Ont. and Montreal, P.Q.

The Arthur S. Leitch Co. Limited  
Toronto, Ont.

Reliance Welding Works, Limited  
Edmonton, Alta.





**Across the Desk**  
(concluded from page 114)

The instrument covers the following ranges when used in conjunction with an ionization chamber of approximately 40 c.c. in volume: dose: 0.45 milliroentgens per second to 15 roentgens per second. Accuracy is of the order of plus or minus 10% of F.S.D. on 0.45 and 1.5 milliroentgen ranges, plus or minus 5% on all other ranges. 40 c.c. ionization chamber is normally supplied, but 350 c.c. chamber is also available as well as a few other sizes made for specialized applications.

Available from The Glendon Instrument Company Limited, Toronto 1.

**The "Convertible" Doubles  
Utility of Mopping Outfits**

One bucket for small mopping jobs, twin-tank unit for the larger ones; light, compact, easy to maneuver for all mopping jobs — these outstanding features are found in the new Floor-Knight 16-qt. "Convertible" bucket by Geerpres. Two little steel wire hooks do the trick, coupling single buckets through grommets in the rubber bumper to make a dual-duty mopping outfit.

Made available in 32- and 44-qt. sizes, the 16-qt. "Convertible" is the latest addition to the complete line of floor cleaning equipment manufactured by Geerpres Wringer, Inc., Muskegon, Michigan. Available in both light- and heavy-duty construction, the new "Convertible" is quiet, smooth-rolling and easy to store, the buckets stacking snugly to conserve floor space.



The non-marking rubber bumper prevents smudges on walls and scratches on furniture. It encircles the base of the bucket and is permanently attached and steel reinforced for long life. Other features

include reinforced buckets, hot-dip galvanizing after fabrication and elimination of all bolt and rivet holes. They are mounted on a durable aluminum chassis with ball-bearing rubber-wheeled casters.

**Technical Manager of Fabrikoid**

R. W. Jackson has been appointed technical manager of the "Fabrikoid" division of Canadian Industries Limited. Mr. Jackson, who brings extensive experience in vinyl and rubber technology to this newly created position,



R. W. Jackson

will be responsible for all technical aspects of the division's operations, development of new products and carrying out diversification studies. His headquarters will be at the companies' offices in New Toronto, Ontario.

**Stahl Company Announces  
Expansion in Canada**

The opening of new office and warehouse facilities at 108 McDougal Street in Windsor, Ontario, has been announced by Harlow C. Stahl of Canada Limited. The Stahl organization is a leading supplier of commercial aluminum cookware for restaurants, hotels and institutions throughout Canada and the United States.

According to Harlow C. Stahl, company president, this expansion program will facilitate distribution of the firm's complete line of "Chef-Styled" aluminum cookware and food-handling equipment.

**Spare the Rod . . .**

The old fashioned parent believes that stern discipline means just where it says.—Noel Wical in *Look*.

## Classified Advertising

**Science Instructor Required**

for the Moncton Hospital School of Nursing which has a yearly enrolment of 40 students.

Salary based on qualifications, 40-hour week, good personnel policies, apply to Director of Nursing, The Moncton Hospital, Moncton, N.B.

**Director of Nursing**

**Modern Hospital with 42 adult beds and 11 bassinets has vacancy for Director of Nursing.**

The hospital is located in a company operated town and serves a population of approximately 6,000. Community organized recreation. Residence accommodation and all conventional benefits available. Salary commensurate with experience and qualifications. Apply giving full particulars of training and experience to:

Administrator,  
**Anson General Hospital**  
Iroquois Falls, Ontario.

**Physical Therapist Wanted**

for the Toronto Hospital for Tuberculosis. Vacation with pay, sick leave credits etc. Apply: Assistant Administrator, Toronto Hospital for Tuberculosis, Weston, Ontario.

**For Sale**

1 only K.I.L. Model 5-12S Coffee Pressure Urn, used for approximately five months. Apply Administrator, Ajax and Pickering General Hospital, Ajax, Ontario.

**Pharmacist**

With Saskatchewan Registration, required by Regina General Hospital. Superannuation and Insurance benefits. 37 hour, 5 day week. Apply Personnel Office, Regina General Hospital.

**For Sale**

Three Roll 75" Hoffman Flatwork Ironer. Hospital expansion program required larger unit, and this is now surplus. In perfect operating order until disconnected last month. To be sold for best bid over scrap price, purchaser to move same. Administrator, Leamington District Memorial Hospital, Leamington, Ontario.

(see also pages 108 and 109)



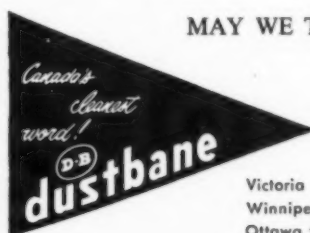
## STOP SIR! BUILDING MAINTENANCE IS OUR BUSINESS

Don't let excessive maintenance costs cut deep into your complex hospital budget!

Let the Dustbane representative in your area make a **FREE** and complete survey of your maintenance requirements. He will submit recommendations and personally coach staff, without charge, in the fundamentals of safe, low-cost and efficient maintenance. Through specialized planning, costs can be trimmed and expensive floors preserved for years longer.

Your Dustbane representative is backed by extensive research and a complete range of proven Dustbane products; sweeping compounds, soaps, disinfectants, scrubbing and polishing machines, waxes and polishes for all types of buildings. He speaks for a firm with fifty years of experience solving clients' problems in this particular field.

MAY WE TALK TO YOU ABOUT YOUR MAINTENANCE SOON?



Ask your local Dustbane man to arrange a special showing of our new colour movie "The Fantastic Super". It's getting a big reception everywhere!

Victoria • Vancouver • Calgary • Edmonton • Saskatoon • Regina  
Winnipeg • Fort William • Windsor • London • Hamilton • Toronto  
Ottawa • Montreal • Quebec • Saint John • Halifax • St. John's, Nfld.

# INDEX OF ADVERTISERS

APRIL, 1960

<b>A</b>		<b>K</b>	
A.B.C. Specialty Company	86	Kendall Company (Canada) Limited	20-21
Agnew, Herbert	106	Kraft Foods Limited	63
Agnew, Peckham & Associates	107		
Air-Shields Canada Limited	74	<b>L</b>	
American Cystoscope Makers, Inc.	10	Lac-Mac Limited	77
American Sterilizer Co. of Canada Limited	11	Lalonde, Frank P. Limited	67
Angus, H. H. & Associates	107	Lawson Associates, of Canada, Ltd.	92
Applegate Chemical Company	109	Lederle Laboratories Division	9
Aseptic-Thermo Indicator Company	94	Linde Company	65
Associated Hospitals of Manitoba	111		
<b>B</b>		<b>M</b>	
Bard, C. R. Inc.	22	MacLean, Clare G.	106
Bard-Parker Company, Inc.	82	Marani, Morris & Allan	106
Barnstead Still & Sterilizer Company	94	McDougall & Friedman	107
Bauer & Black Division Kendall Company (Canada) Limited	20-21	McKague Chemical Company	98
Becton, Dickinson & Co. Canada Limited	24		
Beiersdorf, P. & Company	51	<b>N</b>	
British Oxygen Canada Limited	61	Napanea Iron Works Ltd.	14
Burroughs Adding Machine of Canada Limited	93		
<b>C</b>		<b>O</b>	
Canada Paper Company Limited	104	Ohio Chemical Canada Limited	105
Canadian Baker Perkins Limited	52-53	Onan, D. W. & Sons Inc.	6-7
Canadian Laundry Machinery Company Limited	II Cover		
Canadian Liquid Air Company Limited	15	<b>P</b>	
Casgrain & Charbonneau Limited	103	Parkin, J. B. & Associates	107
Castle Company	103	Pharmaseal Laboratories, Inc.	19
Chaput, Paul Limited	111	Physicians' Record Company	102
Clay-Adams Company, Inc.	55	Pickar X-Ray Engineering Limited	3
Colgate-Palmolive Limited	95	Pioneer Rubber Company	85
Cow & Gate (Canada) Limited	91	Procter & Gamble Company of Canada Limited	71
Craig, Madill, Abram & Ingleson	106	Professional Tape Company, Inc.	27
Craig & Zeidler	106		
Cyanamid of Canada Limited	9	<b>R</b>	
<b>D</b>		Russell, F. C. Company of Canada Limited	89
Dixie Cup Company (Canada) Limited	30		
Down Brothers and Mayer & Phelps Limited	16	<b>S</b>	
Drever & Smith	106	Simmons Limited	75
Dustbane Products Limited	117	Sklar, J. Mfg. Company	113
<b>E</b>		Smith & Nephew Limited	25, 83
Edwards of Canada Limited	69	Somerville, McMurrich & Oxley	107
Electro-Vox Intercom, Inc.	111	Stafford Foods Limited	28-29
Empire Wallpaper & Paint, Ltd.	111	Stevens Companies	73, 103
Everest & Jennings, Inc.	88	Stewart, James Mfg. Company Limited	100
Executone Communications Systems Limited	8		
<b>F</b>		<b>T</b>	
Fairn, Leslie R. & Associates	106	Texpack Limited	104
Fisher & Burpe	74	Thorold Concrete Products Limited	99
Fisher Scientific Company Limited	90	Travenol Laboratories, Inc.	4
Fleming & Smith	106	Troy Laundry Machinery Canada Limited	87
<b>G</b>			
Geerpres Wringer, Inc.	26	<b>U</b>	
Gomco Surgical Mfg. Corp.	23	Union Carbide Canada Limited	65
Govan, Ferguson, Lindsay, Kaminker, Langley & Keenleyside	106		
<b>H</b>		<b>V</b>	
Hardie, G. A. & Company Limited	57	Vollrath Company	96
Hariz, J. F. Company Limited	51, 94, III Cover		
Hollister Limited	84	<b>W</b>	
Honeywell Controls Limited	80-81	Wabasso Cotton Company Limited	79
<b>I</b>		Waisman, Ross & Associates	107
Ilie Electric Corp.	18	West Chemical Products Limited	92, 109
Ingram & Bell Limited	4, 10, 85, 96	Wild of Canada Limited	78
International Nickel Company of Canada, Limited	115	Wood, G. H. & Company Limited	IV Cover
<b>J</b>		Woods, Chester C.	107
Johnson Controls Limited	97		
Johnson & Johnson Limited	13, 59	<b>X</b>	
		X-Ray & Radium Limited	17
		<b>Y</b>	
		Yale & Towne Mfg. Company	101

Authorized as Second Class Mail, Post Office Department, Ottawa. Canadian Hospital  
is published by The Canadian Hospital Association, 25 Imperial St., Toronto 7.